THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a ster death, Page 6 may be retained by the hosp	THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached asked within the State Dear of Health and Mental Hodeles often build. Cremation, or removal.	IMPORTANT; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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A	rem	23 shows any injury, or other traumatic event, the medical exami
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AL C	THE FUNERAL ORECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral management of the formal management of the f	=
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	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND /	DEPAR	TMENT ICATE	OF H	EALTH DEAT	AND N	MENTAL	HYGIEN REG. NO.	E			
	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE O	F OEATH DA	v	YEAR	3. TIME OF OEAT	Н
	Dorothy								May	5	1	990	4:00	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	The state of the s							7. DATE OF BIRTH (Month, Dey, Year) August 10,1909 New York				
	107-12-4501	1 🗌 M 2 🗓 F	80	YRS.						st 10				
~	9a. FACILITY NAME (If not institution, give st						R LOCATIO		ATH		110	NTY OF C		
5	North Arundel Ho	spital			ال	Len 1	Burni	.e			Anne	Art	undel	
EC	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY	
5	Maryland Anne	e Arundel		G:	len H	Burn:	ie						1 YES 2 X	NO
AL	10e. STREET AND NUMBER				·		. ZIP CODE						WHAT COUNTRY?	
FUNERAL DIRECTOR	409-G Secluded I						1061					.S.A		
בַּ	11. MARITAL STATUS 1 Never Married 2 Married		YES 2 N	MED O		If yes, spe	ecify Cubar	n, Maxica	IIC ORIGIN? n, Puarto Ric	(Specify Yee can, atc.)	or No—	14. RACI Blac	E — American India k, White, atc.	ın,
B⊀	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 X NO	Specify	<i>r</i> :			Spec	White	
	15. DECEDENT'S EOU	CATION	18a. OEC	CEDENT'S	USUAL O	CCUPATIO	N		186. 1	(IND OF BUS	SINESS/INC	DUSTRY		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +	1				st of workin							
APL		2	Sect	urit	y . C1	ear.	Inve	esti	gator	Fe	d. G	over	nment	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								ME (First, Mi					
BE		Lawyer							e M.					
9	19a. INFORMANT'S NAME (Type/Print) Gerald M. McDona	-14							Route Numbe				10/2	
-	20a, METHOD OF DISPOSITION	110	20b. PLACE (licot		CATION —			
	1 🔯 Burial 2 🗆 Cremation 3 🗆 Remo	oval from State	other nie	col					ery					
	21. SIGNATURE OF FUNERAL SERVICE LIE	meger / /		1800	22.	NAME AN	ND ADDRES	SS OF FA	CILITY				74.	
	· langer	41.	11						las F				M-1=	
- 1	23. PART i. Enter the diseases, pro	complications that	caused the de	ath. Do					11 Rd			_	Md .	ete
	shock or heart failure.	List only one cau	se on each line.	C	1007	10	. ,				-		Onset and	
	IMMEDIATE CAUSE (Final disease or condition	1/1	1		6		41		2/0	/			40	fund
	resulting in death)	DUE TO	(OR AS A CONSEC	DUENCE C	OF):	1)	1						-
z	Sequentially list conditions,	a Ven	tricole			Ar	71	ho	17 10	~			ya.	200
MI	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE C	F1:	1	/	16		1	~		51	1/0
FIC	CAUSE (Disease or injury	c. DUE TO	OR AS A CONSEC	UENCE C	Fr:		10	7.	me	139	/		- ac	70
CERTIFICATION	that initiated events resulting in death) LAST	,											100	1
		d							5 I					
CAL	PART II. Other significant condition	s contributing to	death but not n	esulting	in the u	nderlyin	g cause !	given in	Part I.	24s. WAS AN PERFO		24	b. WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF (TO
MEDIC				-					— i	1 YES	2 NO		OF DEATH?	
Σ									- 1				1 YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	EATH (Ch	neck only one)				
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE 4 Nu	R:			6 🗆 Other					
H	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b, TH		28c. IN.	JURY AT		_	CRIBE HOW	INJURY OC	CURED		
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, D	ay, rear)		M		YES 2	□ NO						
ED B	3 Suicide 6 Could not be	28e. PLACE C building,	F INJURY — Al ho	me, farm,	street, fac	ctory, offic	en .			TION (Street Town, State		or or Rural	Route Number,	
TE	4 Homicide determined													
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, de	ath occur	red at the	lime, date	and place	, and due	to the caus	e(e) end ma	nner as st	nted.		
S S	one) 2 MEDICAL EXAMINE	ER: On the basis of e	xamination and/or	Investigat	lon, In my	opinion,	death occu	red at the	ilma, deta	end place, a	nd due to t	the cause	(a) and manner ea s	stated.
BE	29b. SIGNATURE AND TIPLE OF CERTIFIE	R A	1	4	2		29c. LIC	ENSE NU			29d. DA	TE SIGNE	Dy(Month, Day, Year)	
-				×				110	82	7		0/	1/60	
0	Commenter 1	1 bed	222	3,000				10	06	2		2/	2/90	
TO	30. NAME AND ADDRESS OF PERSON WH					wav	Glo			Mar	cylan	od 21		
TO	Arthur L. Gudwin	HO COMPLETED CAU M.D. 7	310 Rito	hie		ıway,	Gle			e, Mar	rylan	od 21		

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TO BE COMPLETED BY FUNERAL DIRECTOR

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	DIVISION OF VITAL RECORDS

OR TATE EGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
DENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	Ī

	FOR 1 - STATE REGISTRAR	STATE OF MA		DEPARTM RTIFICA			MENTAL HYGI			
	1. DECEDENT'S NAME (First, Middle, Lo	isi)					2. DATE OF DEAT	Н	100	3. TIME OF DEATH
		Manuel.	C.	Sa	ntos		May 6	DAY 199	90 YEAR	9:20 P. M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last		INDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	217-08-7830	1 📉 M 2 🗌 F	73	YRS. MON	THS DAYS	HOURS MIN.	Oct. 16,	" 1916	Phil	ippine Is.
R	99. FACILITY NAME (If not institution, 9) 8918 Loughran		Washing			INTY OF D	George's			
5	RESIDENCE OF DECEDENT									
R	10e. STATE 10b. COU		1	_ `	WN OR LOCAT					10d. INSIDE CITY LIMITS?
0		ince George	S	rort	Washi					1 TYES 2 X NO
AAI	10e. STREET AND NUMBER	П-			101	20744				WHAT COUNTRY?
FUNERAL DIRECTOR	8919 Loughra								7	ne Is.
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 X N		It yes, sp		NIC ORIGIN? (Specifien, Puerlo Rican, atc fy:		Blac	E — American Indian, k, White, etc. Filipino
	15. DECEDENT'S	EDUCATION		EDENT'S USU			16b. KIND OF	BUSINESS/IN	DUSTRY	
COMPLETED	(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5+)	(GA	e kind of work Do NOT use ret	done during mo ired.)	st of working				
됩	5		Pro	fessio	nal Dr	iver	Dri	ving		
0	17. FATHER'S NAME (First, Middle, Last,						AME (First, Middle, Me			
BE C	Francisco	Santos				Rosa	a Cru	12		
	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING ADD	DRESS (Street a	nd Number or Rural	Route Number, City o	Town, State, Z	(ip Code)	
2	Saturnino Sa	ntos	8	918 Lo	ughrar	Terr.,	Ft. Wash	ingto	n, Md	.20744
	20e. METHOD OF DISPOSITION 1) XBurial 2 Cremation 3	Removal from State		OF DISPOSITIO		netery, crematory or		LOCATION -		
	4 Donation 5 Other (Specify)	temoval from Suite			ario (Cemetery	Hag	gonoy 1	Bulac	an, P.I.
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md.									id.
	23. PART I. Enter the diseases,	or complications that	ausad the day	eth. Do not a	inter the mo	da of dying, suc	ch as cardiac or r	espiratory a	rrest,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		40 Pul	meny						Interval Batween Onset and Death
		DUE TO (O	R AS A CONSEC	UENCE OF):	-		4 .	c 1.		
N	DUE TO (OR AS A CONSEQUENCE OF): Concler & Blade with Metastas to live of the policy									
Ĕ	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events									
S	CAUSE (Disease or Injury									
ĒΙ	that initiated events resulting in death) LAST State Post Nephrostom x.									
CERTIFICATION		d			•					
AL	PART II. Other significant cond	itions contributing to d	eath but not n	esulting in t	ha undariyin	g caú9e given in		S AN AUTOPS'	Y 24	AWAILABLE PRIOR TO
Sign					1-1 1		1 D Y	ES 2 🕅 NO		COMPLETION OF CAUSE OF DEATH?
ME				410,					100	1 YES 2 NO
ż										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		0	26. P	LACE OF DEATH (C	heck only one)			
YSI	1 TES 2 X NO	1 🗆 Inpetient 2 🗆 i		DOA 4	Nursing Hor		8 Other (Specify			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigat	28e. DATE OF IN (Month, Day,	(JURY (Year)	28b. TIME OF	W	DRK? YES 2 NO	26d. DESCRIBE H	OW INJURY O	CCURED	
E	3 Suicide 8 Could no 4 Homicide determine	t be building, et	INJURY — At ho tc. (Specify)	me, ferm, stree	et, factory, affi	•	28f. LOCATION (S City or Town,	treet and Numb State)	ber or Rural	Route Number,
COMPLET	and only	PHYSICIAN: To the best of m								e) and menner es stated.
BE	296. SIGNATURE AND TITLE OF CERT	MD.				D 256				D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON									
	Khosrow Davac	hi, M.D. 1	328 Sou	thern	Ave.,	S.E. #2	07, Washi	ington	, D.C	20032
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE	6	1	1				
	MAY 08 '90	Lucia Vairids	- Bindal	2						

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DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) TO SEPH JOSE	1	Stroyr	Stroyny Under 1 YEAR IF UNDER 24 HRS.	2. DATE OF DEATH MONTH DAY	5 90	3. TIME OF DEATH 4 05 AM	
	4. SOCIAL SECURITY NUMBER 018-10-2818	5. SEX 8. AGE	7. DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign ntry)			
	9a. FACILITY NAME (If not institution, give s		19.5	b. CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH	
DIRECTOR	Greater Laurel Be	lts. Hospita	17	Laurel		Prince	George	
ווי	10s. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY	
5	Maryland Pri	nce George	Lau	ırel			1/ YES 2 NO	
PUNERAL	14728 Fourth Stre	et		101. ZIP CODE 20707		USA	WHAT COUNTRY?	
6	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 A NO Specify	an, Puarto Rican, atc.)	i or No- 14. RACE — American Indian, Black, White, etc. Specify:\\n\i\i\t\ext{1}		
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	UAL OCCUPATION c done during most of working stired.)	16b. KIND OF BUS	INESS/INDUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)			Discourse		,	
E	17. FATHER'S NAME (First, Middle, Last)	U	Pharmad		Pharma AME (First, Middle, Meiden S	<u>ceutica</u>		
	Unknown			Unkr		surrantely		
0 00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or Rural		, State, Zip Code)		
-	Jacqueline Conlon		14728 F	ourth Street	Laurel, Ma	ryland	20707	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation S Other (Specify)	ovel from State	other place) BW (on (Name of cometery, cremetory or crematory		rel, Ma		
	21. SIGNATURE OF FUNERAL SERVICE LI	ENSER DE	0,	22. NAME AND ADDRESS OF F	Fleck	Funeral	Home, Inc.	
-	23. PART I. Enter the diseases, or	complications that cause	od the death. Do not		oring Rd L		Approximate	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Liver	A CONSEQUENCE OF:	re			interval Between Onset and Daath	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. HERAA QUE TO GORAS C. AWAM	A CONSEQUENCE OF	unanou	n Etrol	My.		
	PART ii. Other aignificant condition	s contributing to death	but not resulting in	tha undarlying cause given in	Part i. 24s. WAS AN		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
: MEDICAL			_		1 □ YES 2	20	COMPLETION OF CAUSE DF DEATH?	
PHTSICIAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	theck only one)			
	1 YES 2 NO	HOSPITAL:		THER: Nursing Home 5 Residence	6 Other (Specify)			
מן אמ	27. MANNER OF DÉATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (PF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre ecify)	et, factory, office	261. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,	
COMPLEIED	cool city			at the time, date and place, end du			e(a) and menner as stated.	
H H	296. SIGNATURE MIOTIFILE OF CERTIFIE	ignial	W	29c. LICENSE NO	JMBER 1	29d. DATE SIGN	ED (Month, Day, Year)	
2	30, NAME AND ADDRESS OF PENSON W	NORTA C	EATH (ITEM 27) CIVIDO, PI	201 Laur	elfarlik	h Leer	W MD 2017	
	31. DATE FILED (Magnith, Day, Year)	32. REGISTRAR'S SIG	MATURE Gandell					



3. TIME OF DEATH

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YEAR 90

2. DATE OF DEATH DAY

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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mou	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	bours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or
-	-4		-

	4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs. lest		IF UNDER	1 YEAR	HOURA MIN. 7. DATE OF BIRTH (Month, Day, Year)		OF BIRTH	8. BIRTHPLACE (State or Foreign Country) Maryland		1	
		YRS.						1-09-29	20 220		0			
OR	Greater Laur		b. CITY, TOWN OR LOCATION OF DEATH Laurel					Prince George						
딥	RESIDENCE OF DEC	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
DIR.	Maryland 100, STREET AND NUMBER	Howar	d		S	avag						40 - 077		LIMITS? 1 YES 2 NO HAT COUNTRY?
IERAI	9051 Baltim	ore St	reet				10	2076				US		HAI COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 A 3 Widowed 4 Divo		FORCES?	IT EVER IN U.S., ARI I YES 2 ∑ N NAR OR DATES	MED	- 1	If yes, sp	ecify Cubi		n, Puarto	IN? (Specify Yes Rican, stc.)	as or No— 14. RACE — American Indian, Black, White, art. Specify: Wh 1 Te		
BE COMPLETED		EDENT'S EDU		(GI	CEDENT'S ve kind of v Do NOT us	vork done	during mo		ing	18	b. KIND OF BUS	INESS/INI	DUSTRY	
MPLI	7 17. FATHER'S NAME (First, M		0		Home	make	r	10 110		M5 (5)	Home			
E CC	Dorsey	Keys									blitts	ourname)		
TO E	David D. S		et	198							nber, city or Town Savage,			53
	20e METHOD OF DISPOSIT 1/\[\]\ Burial 2 \ Crematic 4 \ Donation 5 \ Other	20b. PLACE other ple	local			metery, cre Ceme 1					City or Ton	ryland		
	21. MONATURE OF FUNERA		CENSEE						ESS OF FA	CILITY			•	
,	12)	M	100	ما الما الما الما الما الما الما الما ا	1									ome, Inc. MD 20707
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	aart fallure.	a. Due To	lww.	DUENCE O	ulu	f the me	ods of dy	/Ing, suc	th as ca	rdiac or respi	ratory ar	reat,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								macl eck f	rau	ma				
MEDICAL	PART II. Other algnifica	ant condition	ns contributing t	desth but not r	reaulting	in the u	nderlylr	ng cause	given in	Part I.	24s. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED 1	O MEDICAL					26. P	LACE OF	DEATH (C	heck only	one)			
8	EXAMINER? 1 YES 2 NO		HOSPITAL:	☐ ER/Outpetlant 3	□ DOA	OTHE 4 - Nu		ne 5 🗆 F	Raaldenca	a 🗆 Ot	her (Specify)			
Y PHY		Pending Investigation	28s. DATE C (Month,	F INJURY Day, Year)	28b. TIA	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. D	EŞCRIBE HOW I	NJURY O	CCURED	
TED BY	2 Accident 3 Suicide 8 Homicide	Could not be determined	28e. PLACE building	OF INJURY — At he	ome, ferm,	street, fa	ctory, offi	ca			CATION (Street a ty or Town, State)	and Numbe	er or Rural F	loute Number,
COMPLET	(Check only		ER: On the best of) and menner as stated.
TO BE C	(leen	etza	naty		112	- '		29c. Lj	O C	MBER 30	7	29d. DA	TE SIGNED	(Month, Day, Year) 26/90
-	DR TAK	Y M	OVRT2	ANAKI	M 27) (7)	34	20	Por	M	lad	e Rd,	Suf	e 10°	26/90 1, Laurel 4d
	MAY 0 1 '90	Year)	Julia David	iar's signature	2									

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DIVISION OF VITAL RECC	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	THE CHAICDAL DIRECTOR After this certificate has been sing
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Frank Peretti,

MAY 04

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32. BEGISTRAR'S SIGNATURE

Julia Davidson-Randage

31. DATE FILEO (Month, Day, Year)

	FOR STATE REGISTRAR	STATE OF N		DEPARTMEN ERTIFICAT			MENTAL HYGIE REG. N		91	1 4505
	1. DECEDENT'S NAME (First, Middle, Last) Jeffe	ry	В.		Salli	S	2. DATE OF DEATH MONTH 4-26-90	DAY	YEAR	3. TIME OF DEATH 6:58AM M
	4. SOCIAL SECURITY NUMBER 578-96-0936	5. SEX 1 XM 2 F	6. AGE (In yrs. las 27	AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. 27 YRS. MONTHS DAYS HOURS MIN. F.			7. OATE OF BIRTH (Month, Day, Year) Feb. 10,	7. OATE OF BIRTH (Month, Day, Year) Feb. 10, 1963 Stuga		
TOR	99. FACILITY NAME (If not institution, give sti Southern Maryland RESIDENCE OF DECEDENT		al Cente		-	inton	EATH		ince	Georges Co.
DIRECTOR	10e. STATE 10b. COUNTY N/A N/A			Washin				•		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	167 Elmira St., S					ZIP CODE		100	s.A.	WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AR YES 2 XX N WAR OR DATES	MED 1	If yes, sp		NIC ORIGIN? (Specify) in, Puerto Rican, etc.) y:	ee or No—	14. RAC Blac Spec Blac	E — American Indian, ok, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(G life.	CEDENT'S USUAL ive kind of work dor Do NOT use retired	OCCUPATION OF COLUMN CO	DN st of working	16b. KIND OF B			
	0-12 17. FATHER'S NAME (First, Middle, Last) J.B. Sallis		Mar	ager		18. MOTHER'S NA	Retail	77 77		
TO BE	190. INFORMANT'S NAME (Type/Print) J. B. Sallis		191			and Number or Rural	Route Number, City or R			32
	20e. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Remo	oval from States	other pl	OF DISPOSITION (Name of cer	netery, cremetory or Cemetary	20c. I	ocation -	- City or T	own, State
	21. SIGNATURE OF JUNERAL SERVICE LIC	ensee	blu	. 2	2. NAME AI Rober	t G. Mas		1 Hor	me	
	23. PAST I. Enter the diseases, or c shock, pr heart failure. I IMMEDIATE CAUSE (Finel disease or condition	Liat only one cau	ot coused the de use on each line ole inju	ath. Do not ant	ar tha mo	de of dylng, suc	ch as cardiac or res	piratory a	rrest,	Approximata Interval Between Onset and Deeth
z	resulting in daeth)	D	(OR AS A CONSE							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	c	(OR AS A CONSE	- 00 May - 1 11						
	PART II. Other significant condition	d. s contributing to	death but not a	reculting in the	underivin	a ceuse alven in	Part I. 24s. WAS	IN AUTOPS	y 24	b. WERE AUTOPSY FINDINGS
MEDICAL								2 NO		AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
SICIAN: 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	XER/Outpatient 3	отн		LACE OF DEATH (C)	neck only one)			
PHY	XX YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	lursing Hon	IURY AT DRK? YES XX NO	6 □ Other (Specify) 26d. DESCRIBE HOV			actor traile			
тер ву	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (Day, Year) 9 () OF INJURY — At he, etc. (Specify)	_			281. LOCATION (Street	t end Numb	er or Rural	Route Number, impact ve. Prince Ge
COMPLETE	nen)						to the cause(s) and n	Maryl	and.	(e) end menner ee stated.
) BE CC	296. STENATURE AND TYPLE OF CERTIFIES	#		·		29c. LICENSE NU	MBER	29d. D/		D (Month, Day, Year)

111 Penn Street, Baltimore, MD 21201



DHMH-18 Rev 1/89

	(2.3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training permit. Pages 2 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE STATE (RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S MAME (First, Micross, Last)	AFFILS Harr	vey Scuffins Jr.	2. DATE OF DEATH	YEAR 3. TIME OF DEATH MM
_	4. SOCIÁL SECURITY NUMBER 217-12-2264 5. SEX 1 (2) Ma 2 (2)	00	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-31-1923	6. BIRTHPLACE (State or Foreign Country) Maryland
<u>)</u>	9a. FACILITY NAME (# not identitation, give street and number Washington County Hos		96. CITY, TOWN OR LOCATION OF D Hagerstown		Washington
DIRECT	10a. STATE 10b. COUNTY Maryland Washington		ry, town or location		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO
FUNERAL			101. ZIP CODE 21713	10g. Cr	TIZEN OF WHAT COUNTRY?
BY FUN	IF YES, C	CEDENT EVER IN U.S. ARMED 7 1 YES 2 NO BIVE WAR OR DATES WAY II			14. RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED		(Give kind of life. Do NOT u	S USUAL OCCUPATION work done during most of working use retired.)	16b. KIND OF BUSINESS/IN	
OMP	9YIS. 17. FATHER'S NAME (First, Middle, Last)	Brick	laver	Cement Con	
ш	Harvey	Scuffins			
TO B			G ADDRESS (Street and Number or Rural	Route Number, City or Town, State, 2	
	Phyllis Fave Scuffins 200. METHOD OF DISPOSITION		Lappans Road Bostino (Name of cometery, crematory or		land 21713 - City or Town, State
	1 Burial 2 Cremation 3 Ramoval from Sta 4 Donation 5 Other (Specify)	ite other piece)	co Cemetery		oro, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0	22. NAME AND ADDRESS OF FA	CILITY	onsboro Pike
	Douglas A. Fiery	Soundard File	Bast Funeral		ro, Maryland
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only on	s that caused the death. Do	not enter the mode of dying, suc	ch as cardiac or respiratory s	Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	USIG GREAT A CONSEQUENCE O	ery Orthung	918500	Onset and Death
NOI	(/	N PS D STY	e surj	PISERC	
CERTIFICATION	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	UE TO (OR AS A CONSEQUENCE C	DF):		
MEDICAL CI	PART II. Other significant conditions contributi	ng to death but not resulting	In the underlying cause given in	Part I. 24a. WAS AN AUTOPS' PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERBED TO MEDICAL EXAMINER? 1 VES NO 1 Inpetter	AL: nt 2 ER/Outpatient 3 DOA	26. PLACE OF DEATH (C		
		TE OF INJURY 28b, TII		28d. DESCRIBE HOW INJURY O	CCURED
TED BY	3 Suicide S Could not be bu	ACE OF INJURY — At home, farm, illding, atc. (Specify)	street, factory, office	281. LOCATION (Street and Numb City or Town, State)	per or Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the loss 2 MEDICAL EXAMINER: On the bes		rred at the time, data and place, and du		
BE	My Just W.		29er-LICENSE NJ	MBER 29d. D	ATE SIGNED (Month, Day, Year)
1 2	10. NAME AND ADDRESS OF PERSON WHO COMPLETE	CAUSE OF SEATH (ITEM 27)	e, Print) 782 South	Plavalinh	Dogerthe UN
	31. DATE FILED (Month, Day, Year) 32. REC APR 27 90 Suhie N	Javidson-Randelle)	1)124()

e.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physic	s after death. Page 6 may be retained by the hospital or attending physis
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	by the funeral director, page 5 should be detached for use as the buria emoval.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	dical examiner must be notified at once.

EDSON B. M.
31. DATE FILED (Month, Day, Year)

APR 30 '90

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC	MENT OF HEALTH AN		HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF	OEATH	YEAR	3. TIME OF OEATH
Ernest	Lynwood	Shiffle	t, Jr.	4/2	6/90	ICAN	3:30 pm
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR IF UNDER 24 H				HPLACE (State or Foreign
216 48 6357	1 IX M 2 □ F 4/2	YRS.	ONTHS DAYS HOURS MI		8/47	Wes	st Virginia
Washington Cour			Hagerstown				ngton
10a. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY
Maryland Washi	ington	_	Hagerstown				LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER	0		10f. ZIP COOE		10g. CIT	IZEN OF	WHAT COUNTRY?
435 Jefferson S	St		21740		US	Δ	
11. MARITAL STATUS	12. WAS DECEDENT EVER I	NIIS ADMED	13. WAS DECENDENT OF HI	PANIC ORIGINS		_	CE American Indian,
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, specify Cuban, M. 1 YES 2 XNO S	xican, Puerto Ric		Bled	ck, White, etc. chy: White
15. DECEDENT'S EDUC		16a. DECEOENT'S U	SUAL OCCUPATION	16b. K	IND OF BUSINESS/IN	DUSTRY	
(Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during most of working retired.)	17911			
8 vrs.	Contage (1-4 of 3+)	pain	ter	CO	ntract	pair	nting
17. FATHER'S NAME (First, Middle, Lest)					Idle, Maiden Surneme)		
Ernest Wilson S	Shifflat			ara S			
19e. INFORMANT'S NAME (Type/Print)	ATT TEC	405 444 445 4	DORESS (Street and Number or F			la Carte	
Marcia S. Shift	Flat						217/0
			efferson St				
20e. METHOD OF DISPOSITION 1 N Buriel 2 □ Cremetion 3 □ Reme	aunt form Chate	other place)	TION (Name of cemetery, cremetor)		20c. LOCATION —		
4 Donation 5 Other (Specify)		edar Lav	vn Memorial				, Maryland
21. SIGNATURE OF EUNERAL SERVICE LIC	CENSEE	}	22. NAME AND AGORESS O	E EACH ITY			
XXIIII	Mund						. Potomac
23, PART I. Enter the dieeesee, or o	complications that cause	d the death. Do no	Funeral H	ome	На	iger	stown, Md.
	complications that cause List only one cause on a	d the death. Do no each line.	Funeral H	ome	На	iger	stown, Md. Approximata Interval Between
ehock, or heert failure. IMMEDIATE CAUSE (Final	complications that cause List only one cause on a	d the death. Do no sach line.	Funeral H	ome	На	iger	stown, Md.
ehock, or heert fallure.	List only one cause on e	each line.	Funeral H	ome	На	iger	stown, Md. Approximata Interval Between
ehock, or heert failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause on e	d the daath. Do no no not line.	Funeral H	ome	На	iger	stown, Md. Approximata Interval Between
ehock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	a. OUE TO (OR AS	A CONSEQUENCE OF:	Funeral Hot enter the mode of dying,	ome	На	iger	stown, Md. Approximata Interval Between
ehock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially liet conditions, it any, leading to immediata	a. OUE TO (OR AS	each line.	Funeral Hot enter the mode of dying,	ome	На	iger	Approximata Interval Batween
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ehock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentielly liet conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO (OR AS b. OUE TO (OR AS d. OUE TO (OR AS d.	A CONSEQUENCE OF):	Funeral Hot enter the mode of dying,	OME euch as cardle	Hac or raepiratory as	iger	Stown, Md. Approximata Interval Batween Onset and Death
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1190 MT. AETHARD. HAGERSTOWN, MD. 21740

32 REGISTBAR'S SIGNATURE
FUNE DAVIDSON-Randoll

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH ANI OF DEATH	MENT	AL HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) Forr		avid	SHUG		Ap	ril 27	, 19	90 6	
	SEX 6. AGE	(In yrs. lest birthday) 29 YRS.	MONTHS DAY		(Mo	re of BIRTH inth, Day, Year) cil 3, 1		BIRTHPLA Country) Mary	CE (State or Foreign
9. FACILITY NAME (If not institution, give stree 26 MarRock Road	et and number)			erstown	DEATH		9c. COUNTY Wash	of DEAT	
RESIDENCE OF DECEDENT									
10e. STATE 10b. COUNTY		10c. CITY	Y, TOWN OR LO	OCATION				104	d. INSIDE CITY LIMITS?
	shington	H	lagerst						YES 2 NO
100. STREET AND NUMBER 26 MarRock Road				101. ZIP CODE 217	40			U.S.	T COUNTRY?
11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 🔼 NO	If yes	DECENDENT OF HIS a, specify Cuben, Mer YES 2 NO Sp	Ican, Puert		or No — 14		American Indien, hile, etc. white
15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION (mpleted)	16a. DECEDENT'S	USUAL OCCUP	PATION	11	6b. KIND OF BUS	INESS/INDUS	TRY	
	College (1-4 or 5+)			g most of working Co-own		aanat	ructi		
17. FATHER'S NAME (First, Middle, Last)		vice ile	stuent			t, Middle, Maiden S		OII	
Samuel D.	Shugars					J. Cun	,	am	
190. INFORMANT'S NAME (Type/Print) Mrs. Barbara J. Ull	rich			eet and Number or Ru Avenue,					21740
28e. METHOD OF DISPOSITION 1 ♣ Buriet 2 □ Cremetion 3 □ Remove 4 □ Donetion 5 □ Other (Specify)	ol from State	other place)		orial Par			CATION - CIT		state aryland
21. SIGNATURE OF FUNERAL SERVICE LICEN		1		E AND ADDRESS OF		MINNIC			
Scott M	Memins	L	415	East Wil	son B				
23. PART I. Enter the diseases, or corahock, or heert failure. List iMMEDIATE CAUSE (Finel disease or condition resulting in death)	st'only one cause on a Self Inflic	ach iina.	hot wo				atory arres	t, 	Approximate interval Batwean Onset and Death Immed.
Sequentially liet conditions, if any, iseding to immediata ceuse. Entar UNDERLYING CAUSE (Disease or injury that initieted events resulting in daeth) LAST	,	A CONSEQUENCE OF							
PART II. Other significent conditions	contributing to death i	out not resulting	in the under	iying cause given	in Part I.	24e. WAS AND PERFORM 1 TYPES 2	MED?	AM CC OF	REPE AUTOPSY FINDINGS BALABLE PRIOR TO DIMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF DEATH	(Check only	one)		J	
EXAMINER?	HOSPITAL:	patient 3 □ DOA	OTHER:	Home 6 K Residen					
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	E OF 28c	. INJURY AT		DESCRIBE HOW IN	NURY OCCU	RED	
1 Netural 5 Pending	(Month, Day, Year) Apr. 27.	1990 6:30) A M 1	WORK? ☐ YES 2 X NO	Sel	ir Intli	cted	guns che	hot wound
2 Accident Investigation 3XXSuicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm,	atreet, lectory,	office	261. L	OCATION (Street a lity or Town, State) SEISTOWN			
29e. CERTIFIER		Ho							u .
(Check only one) 2 MEDICAL EXAMINER:	AN: To the best of my known on the basis of examination								nd menner as stated.
296 STONATURE AND TITLE OF CERTIFIER	221			29c. LICENSE	NUMBER		29d. DATE S	IGNED (M	onth, Day, Year)
(devant W ?	1 Heur			DO 1062			Apr	il 2	7, 1990
30. NAME AND ADDRESS OF PERSON WHO Edward W. Ditto, I.			-	oton Str	et	Hagoret			
Edward W. Ditto, I	320 REGISTRAR'S SIGN			Scon Stre		agerati	own, I	aryı	anu 21/40
APK DU DU	Manne Maria	a Mariano							

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the hospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should		IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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d withi	mplete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event,
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32. REGISTRAR'S SIGNATURE

334

Julia Davidson-Randall

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

VASANT DATTA

31. DATE FILED (Month, Day, Year)
APR 24

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) Isaac William STOTLER April 21, 1900 YEAR LSSac ω . 0 ler A SOCIAL SECURITY NUMBER A. SEX 8. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS HOURS 94 1 X M 2 - F June 24, 1895 Maryland 214-09-6747 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Washington County Hospital Washington Hagerstown 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland 1 X YES 2 NO Washington Hagerstown FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 412 McDowell Avenue 21740 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 Never Merried 2 Merried 1 ☐ YES 2 ☑ NO Specify: Specify: white ВУ \$₹X Widowed 4 ☐ Divorced ETED 16e, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EQUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 0 maintenance furniture mfg. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surneme) John Milton Stotler Mary Elizabeth Needy BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Winter St., Hagerstown, Md. 21740 L. Marie Rogers 20e. METHOD OF DISPOSITION

1 Duriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Rest Haven Cemetery Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME cottMinn 415 E. Wilson Blvd., Hagerstown, 21740 23. PART I. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdica or respiratory strest, Approximate shock, or heart failure. List only one ceuse on each line. **Onset and Death** IMMEDIATE CAUSE (Finel disees or condition_ 3 wut resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 3 wars PHYSICIAN: MEDICAL CERTIFICATION Sequantielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disesse or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 PONO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) HOSPITAL:
1 ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Natural 8 Pending 1 YES 2 NO В Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 26f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 4 Homicide 1 GERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the ceuse(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurad at the time, date and place, end due to the causa(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

018019

MILLIT MAGERITOWN, MO 21740

4-22-90

TO BE COMPLETED BY FUNERAL DIRECTO

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CALE	JE DEATH	REG.	NO.		
,	1. DECEOENT'S NAME (First, Middle, Last) THEODORE Wilson	STEVENS,	Jr.			2. DATE OF OEAT MONTH	DAY	YEAR	3. TIME OF OEATH 5:30 a.m. M
	040 04 6000	SEX 8. AGE (#	yrs. last birthday) YRS.	IF UNDER t YE	AR IF UNDER 24 HRS	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		8. BIRTH	ryland
LO LO	98. FACILITY NAME (If not institution, give street THE JOHNS HOPKINS				WN OR LOCATION OF MORE CITY			UNTY OF D	RE CITY
FUNERAL DIRECTOR	100. STATE 100. COUNTY Maryland Washin	ngton		agers					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
IERAL	314 N. Cannon A	ve.			10f. ZIP CODE 21740		10g. cr US		WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	E. WAS DECEOENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If ye		PANIC ORIGIN? (Specifican, Puerto Rican, etc locify:		Blac	E — American Indian, k, White, ajc. #y: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12) Years		16e. DECEDENT'S I (Give kind of w life. Do NOT use driver	ork done durin	PATION g most of working	1000000	uckir		
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, Middle, M.		<u> </u>	
BE C	Theodore Wilson	n Stevevs			Mar	y Eliza		_	Callister
2	Doreen F. Davis					Hagerst			21740
	20g. METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	1 from State 20b.	PLACE OF DISPOS	wn Me	emorial	Park F	alagers		own, State n , Md .
	21. SIGNATURE OF FUNERAL SERVICE LIGHT	imich		Ger	and Appress of ald N. neral Ho	Minnich			Potomac S town, Md.
٠	23. PART i. Enter the diaeases, or con ahock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one ceuse on ac		orel	. 1	such as cardiec or		rreat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury		CONSEQUENCE OF						4 Days
ERTIF	that initiated eventa reaulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF);					
EDICAL (PART II. Other algnificent conditions of	contributing to death be	ut not resulting i	n the unde	rlying cause given	PE	S AN AUTOPS'	Y 24i	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH?
Σ						- P8	worey		1 YES 2 NO
ICIA		IOSPITAL:	antican a C DOA	OTHER:	28. PLACE OF OEATH		. 0		
PHYSICIAN:	27. MANNER OF DEATH 1 Setural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28 URY	c. INJURY AT WORK?	28d. OESCRIBE		CCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, s	All I		281. LOCATION (S City or Town,	itreet and Numb State)	per or Runal	Route Number,
COMPLETED	29a. CERTIFIER Check only one) 2 MEDICAL EXAMINER:	N: To the best of my know							a) and manner as stated.
BE	290. SIGNATURE AND TITLE OF CENTIFIER	_ ni	>		29c. LICENSE	NUMBER	29d. Cu	2/	6 (Month, pay, 16w) 21/90
임	30. NAME AND ADDRESS OF PERSON WHO	2 -	ATH (ITEM 27) (Type,	Print)	in Ho	spital,	Balt	nuo	- ms
	31. DATE FILEO (Month, Dev. Year) APR 2 3 90	82. REGISTRAR'S SIGN	ATURE						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-by study and have the burial product in burial cremation or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HE HOSPITAL OR ATTENDING	THE FUNERAL DIRECTOR: After	ORTANT: If Item 28 is m
2	22	3

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

296. SIGNATURE AND TITLE OF CERTIFIER

20

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1799

32. REGISTRAR'S SIGNATURE
Javidson-Randalle

BRADFORD

TO BE COMPLETED BY FUNERAL DIRECTO

- STATE REGISTRAR		С	ERTIFIC	MENT (REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DI	AY	YEAR	3. TIME OF DEATH
Winter Newnam SPI	ECK						April	19,	1990)	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	poste	F UNDER 1 Y	YEAR DAYS	IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH ev Year)		8. BIRTH Countr	PLACE (State or Foreign
215-14-9334	1 🔀 M 2 🗆 F	72	YRS.	ONTHS D	AYS	HOURS MIN.	Dec.2		1.7		
9a. FACILITY NAME (If not institution, give :			1	b. CITY, TO	OWN O	R LOCATION OF DI		,,_,	_	NTY OF D	
Washington County	7 Hospita	1		Hage	rst	own			Wash	ingt	on
RESIDENCE OF DECEDENT										- 0	
10a, STATE 10b, COUNT	Υ		10c. CITY,	TOWN OR I	LOCATI	ION				- 1	10d. INSIDE CITY LIMITS?
Maryland Wash	ington		Hag	erst	own	1					1 TYES 2 NO
10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
618 Pin Oak Road					21	740			US	SA	
11. MARITAL STATUS	12. WAS DECEDEN			13. WAS	S DECE	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No-	14, RACE	E — American Indian, k, White, etc.
1 Never Merried 2 X Merried	FORCES? 1	YES 2 X	NO			cify Cuben, Mexica 2 X NO Specif		in, etc.)			
3 Widowed 4 Divorced	IF 1ES, GIVE V	MIN ON DATES		,,,	TES	2 LX NO Specif	у:			Whi	te
15. DECEDENT'S EDU		16a. C	ECEDENT'S U	SUAL OCCU	UPATIO	N	16b. KI	ND OF BUS	SINESS/IN	DUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)			Give kind of wor	rk done duri retired.)	ing mos	st of working					
1.2	College (1-4 or 8		lactro	nice	an	gineer		trucl	ring		
17. FATHER'S NAME (First, Middle, Last)			100010	11105	- 1	16. MOTHER'S NA	_				
							an New		Sorramay		
Benjamin Speck 190. INFORMANT'S NAME (Type/Print)											
						nd Number or Rural				1 2 2 2	17/0
Frances Speck		_				ad, Hage	erstow	-			
20e. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Ren	noval from State	other	place)			netery, crematory or				City or To	
4 Donation 5 Other (Specify)		Res	t Have	n Cei	met	ery		Hag	gerst	own,	Maryland
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NA	ME AN	H FUNERA	CILITY A T LIOM	r.			
1/200 A-6	C. ()	•									MJ 217/0
O COLORED ON	search			_	_			_	_		Md. 21740
23. PART I. Enter the diseeses, or shock, or heart feilure.	List only one cer	ise on each iir	108(n. 130 no 10.	t enter th	ne mod	de of dying, suc	h ss cerdis	c or respi	iratory sr	rest,	Approximete Interval Between
IMMEDIATE CAUSE (Finel											Onset and Deat
disease or condition resulting in deeth)	. acute	athra	to b	rone	Rit						Inouth
•	DUE TO	(OR AS A CONS	EOUENCE OF):						-	_	
	B. Charican DUE TO	seve	e off	truct	twee	unda	Que	, dr	uns		5 years
Sequentially flet conditions, if any, leeding to immediate	DUE TO	(OR AS A CONS	EQUENCE OF):			0	[/				
ceuse. Enter UNDERLYING CAUSE (Disease or injury	C.						V				
that initisted events	DUE TO	(OR AS A CONS	EQUENCE OF):								
resulting in deeth) LAST	d										
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PART II. Other significent condition	ns contributing to	deeth but not	resulting in	the unde	orlying	cause given in	Part i. 2	PERFOR		24b	. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
							1	YES 2	DING		COMPLETION OF CAUSE OF DEATH?
											1 YES 2 NO
				_							
25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF DEATH (C)	hank only one)				
EXAMINER?	HOSPITAL:	/		OTHER:							
1 VES 2 NO	1 Inpatient 2				_	e 5 🗆 Residence					
	28e. DATE Of (Month, L		26b. TIME INJU	RY	WO	URY AT RK?	28d. DESCR	RIBE HOW I	INJURY OC	CURED	
1 Natural & Pandine				M	1 Y	ES 2 NO	1				
1 Netural 6 Pending 2 Accident Investigation											
	28e. PLACE (OF INJURY At I	home, farm, str				28f. LOCATI City or	ON (Street Town, Stele)	and Numbe	or or Rural I	Route Number,

29c. LICENSE NUMBER

NOWELL RD. HACERSTUNN,

38892

29d. DATE SIGNED (Month, Day, Year)

4/20/90

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	A HC	DUIS	E
1	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 wours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR 1 - STATE REGISTRAR	STATE, OF MARY	LAND / DEPARTI	MENT OF H	EALTH AND I	MENTAL HYGIENI REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	Szyra				2. DATE OF DEATH	1990 YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 3.0.22 - 5524	5. SEX 6. AG	SC YAS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS, HOURE MIN,	7. DATE OF BIRTH (Month, Day Year)	8.8	HRTHPLACE (State or Foreign Country) PARYLAND
9a. FACILITY NAME (If not institution, give	otreet and number)			R LOCATION OF DE	EATH	Sc. COUNTY	
10a. STATE 10b. COUN	rroll	100	ncheste				10d. INSIDE CITY LIMITS? 1 YES 27 NO
2958 Baptis	t Church Roa	đ	101	2110	2		U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married Married Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2-1 NO	If yes, sp	ENDENT OF HISPAN scity, Cuban, Maxica 2- NO Specifi	HC ORIGIN? (Specify Yearin, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5+)	Give kind of wor life. Do NOT use the Electric	rk done during mo retired.)	st of working	166. KIND OF BUS	ent Cor	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Melden	_	7
Augustus Le	e Sweeney			Mary	Agatha 1	Brown	
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
Hazel Willia					d., Manche		
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rai 4 Donation 5 Other (Specify)	moval from State	other place) Metro (Cremato	ry	Ba	eltimos	or Town, State
21. SIONATURE OF FUNERAL SERVICE L	bland		Eck		neral Chape		Md. 21102
23. PART I. Enter the diseases, or shock, or heart failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OF A)	S A CONSEQUENCE OF):	NIC			do	Interval Betwee Onset and Deat
PART II. Other eignificant condition	one contributing to death		the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	MEO?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (CA	neck only one)		
1 NES 2 NO	1- Inputient 2 - ER/O	utpatient 3 DOA 4			6 Other (Specify)		
27. MANNER OF DEATH 1 Watural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea		RY WO	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCUR	ED
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, str pecify)	wet, factory, offic	•	28f. LOCATION (Street a City or Town, State)	and Number or F	Rural Route Number,
Amel	SICIAN: To the best of my kn						use(a) and manner as stated.
29b, SIGNATURE AND TITLE OF CERTIF	BUS	ND		29c. LICENSE NUI	MBER 246	29d. DATE SH	GNED (Morith, Day, Year)
30. NAME AND ADDRESS OF PERSON V	PARA .n	M. 71-	wa	sh. Ho	5 - WEST	m.	MD 21157
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	Bavidson-Rank	lall				

AND 21203-3146

detached for use as the	A	tified at once.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE OF REGISTRAR	MARYLAND C		ICATE OF		MENIAL HIGIEN REG. NO		
	1. OECEDENT'S NAME (First, Migdle, Lest) HUGH	MILBURN	/	IDERVANI)	2. DATE OF OEATH MONTH	1 1990	3. TIME OF DEATH AR 4:50 PM M
	4. SOCIAL SECURITY NUMBER / 5. SEX 214-09-6142 1 2 F	est birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month Say, Year)		BIRTHPLACE (State or Foreign Country) Maryland	
5	9a. FACILITY NAME (If not institution, give street and number) Washington County Hosp	85 ital		96. CITY, TOWN	OR LOCATION OF DI	EATH	Washi	
ואפרו	residence of decedent 10e. state Maryland Washington			y, town on Local			1	10d. INSIDE CITY LIMITS? 1 [X] YES 2 NO
בושר	100. STREET AND NUMBER 118 East Avenue		1	1	of. ZIP CODE 21740		10g. CITIZEN	OF WHAT COUNTRY?
NO. LO	1 Never Married 2 VMarried FORCES?	NT EVER IN U.S. A 1 YES 2 WAR OR DATES		If yes, s		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	n or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
וגרבובה	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or t	i+)	DECEDENT'S Give kind of view. Do NOT us	USUAL OCCUPAT work done during n se retired.)	TION nost of working	186. KIND OF BU		RY
SE COM		nderland			Ellen	ME (First, Middle, Maiden Margare	t Ct	ulbertson
2	19m. INFORMANT'S NAME (Type/Print) Winifred M. Sunderland		118 I	East Ave	enue, Hag	Route Number, City or Tow erstown, M	laryland	d 21740
	20a. METHOD OF DISPOSITION 1 \$\frac{1}{2}\$ Burlai 2 \(\text{ Cremation } 3 \) Removal from State 4 \(\text{ Donation } 5 \) Other (Specify)	20b. PLACE other I Res	e of dispos place) St Hav	ven Ceme		Hage		, Wash.,Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE R. ROEL Braz	ly		Andre 40 E	and appress of F ew K. Cof . Antieta	fman Funer m St.,Hage	al Homerstown	e, Inc. , Md. 21740
23. PART i. Enter the diseases, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, interval shock, or heart failure. List only one cause on asch line.							1 Assessment	
	IMMEDIATE CAUSE /Final				1.5		eratory screen,	Approximate Interval Between Onset and Daeth
ALION	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentielly liet conditions, if sny, laeding to immediata cause. Entar UNDERLYING		RAL EQUENCE OF	HC W	1.5		eratory strest.	interval Between
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EU BI PHISICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition reculting in deeth) Sequentially liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to the conditions conditions contributing to the conditions conditions contributing to the conditions	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O death but not	EQUENCE OF	F): (W C) F): (The underly) OTHER: 4 Nursing Hotal URY M 1 1 1 1 1 1 1 1 1	INT TO LUC. INT T	Part I. 24a. WAS AI PERFO 1 YES	N AUTOPSY RMED? 2 NO	Interval Between Onset and Daath 9
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DEPOTENT OF THE PROPERTY OF STRUCTURE STORY WAS A CONSEQUENCE OF THE PROPERTY OF STRUCTURE OF STRUCTUR	J.			
Separation Sep		1 Never Married 2 Married FORCES? 1 YES 2 NO	If yes, specify Cuban, Mexica	an, Puerto Rican, etc.) Black, White, etc. Specify:
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TRANSCIS Green The MANAMATS NAME (Typor/her) The Manamats Na	Ē	(Specify only highest grade completed) (Give Elementary/Secondary (0-12) College (1-4 or 5+)	kind of work done during most of working NOT use retired.)	
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THE INFORMANT'S NAME (\$\frac{\pminimity}{\pminimity}\$ 100 Mas and Doness (\$\frac{\pminimity}{\pminimity}\$ and Number of Rural Route Number. City or Sum. State. Zip Code) 300 Pats P1. Ft. Washington, MD 20744 200 Mason File Recommendation of Control C		The state of the s		
Age State Country			<u>'</u>	
206. METNOD GO EDPOSITION (Name of cannetory or more place) Mt. Olf.vet 21. STATUS (Control of Cher (Specify) 22. NAME AND ADDRESS OF PACILITY Robert G. Mason FUneral Home L661 Good Hope Rd, SE Wash, DC 20020 23. Fight I. Enter the diseases, or controllections that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interest and shock, or finant feiture. Liet offly one cause on each line. MMEDIATE CAUSE (Final Cause) Interest and ideases or conditions, if erry, teeding to immediate cause. Enter UNDERLYING CAMSE (Desease or Injury) 22. WAS CASE REFERRED TO MEDICAL EXAMINERY 1. Other alignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23. PART II. Other alignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24. WAS CASE REFERRED TO MEDICAL EXAMINERY 1. (VES 2 MA) 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1. (VES 2 MA) 26. WAS CASE REFERRED TO MEDICAL EXAMINERY 1. (VES 2 MA) 27. MANNER OF DEATH (Track only only 28. CERTIFIER 29. CERTIFIER 20. CE	잍	James J. Shackelford 800	Pats Pl. Ft. Was	shington, MD 20744
Approximation St. Characteristic Licenses Mr. Olivet Mashington, D.C.		20a. METHOD OF DISPOSITION 20b. PLACE OF	DISPOSITION (Name of cometery, cremetory or	
Robert G. Mason Funeral Home [166] Good Hope Rd, SE Wash, DC 20020 23		4 Donation 5 Other (Specify) Mt. 01	ivet	
Note of the property of the		21. SIGNATURE OF TUNERAL SERVICE LICENSEE		
AND CAUSE (Disease or conditions, if any, leeding to immediate cause, Entar UNDEAT/ING CAUSE (Disease or Injury that inflitted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leeding to immediate cause, Entar UNDEAT/ING CAUSE (Disease or Injury that inflitted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF		Honges a louris		
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TOTAL PRINCIPAL		PART II. Other algnificent conditions contributing to deeth but not res		PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE
Secretary Secr	ICIA	EXAMINER? HOSPITAL:	OTHER:	S. III 1. NO. 101
Total price	HYS	27. MANNER OF DEATH 26s. DATE OF INJURY :	8b. TIME OF 28c. INJURY AT	
3 Sulcide 4 Homicide 5 Could not be determined 5 Sulcide		1 Netural 5 Pending (Month, Day, Year)	INJURY WORK?	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 297. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 298. LICENSE NUMBER 299. LICENSE NUMBER 290. LICENSE	8	3 Suicide S Could not be 28e. PLACE OF INJURY — At home building, etc. (Specify)	, ferm, street, fectory, office	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 297. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 298. LICENSE NUMBER 299. LICENSE NUMBER 290. LICENSE	P.E.		occurred at the time, date and place, and du	a to the cause(a) and manner as stated.
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MOTIL KOULMA 3710 RIVIESS ST, Temp	띪	20b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NO	MBER 29d. DATE SIGNED (Month, Day, Year) ↓ (27/5)
31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGNATURE 1. 1. Krinden-Rendelle	ř	MOTIL KOULM	(1) (Type, Print) 3710 K	21 VIers St, Temple.
I II ARREST TO THE CHINGINGANI IN THE		31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Lyka Daydoon-Rombo	92	wd 59.

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TO THE FUNEPAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	hours	IMPORTANT; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
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CERTIFICATION

PHYSICIAN: MEDICAL

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1 TES 3 NO

27. MANNER OF DEATH

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2 Accident

3 Sulcide

4 Nomicide

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FOR STATE REGISTRAR		STATE OF N	MARYL					EALTH AN		ENTAL HYGIENI REG. NO.	E				
1. DECEDENT'S NAME (First, MARSHALL	,	MITH								2. DATE OF DEATH DA		YEAR 90	-	O O	Ам
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) #F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTN 6. B							Countr		State or Ford	sign					
90. FACILITY NAME (If not in	del Ho						,	r Location (OF DEAT	rn -		nty of D		el	
100. STATE Maryland	10b. COUNTY	Arunde 1				y, town o							LII	ISIDE CITY MITS? YES 2 X	NO .
10e. STREET AND NUMBER 7567 Balto.	-Annap	. Blvd					101	21061				E.A.	VHAT CO	UNTRY?	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American In the specify Cuben, Maxican, Puerto Rican, etc.) 15. WAS DECEDENT EVER IN U.S. ARMED If yes, specify Cuben, Maxican, Puerto Rican, etc.) 16. RACE — American In the specify Cuben, Maxican, Puerto Rican, etc.) 17. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.) 18. RACE — American In Black, Whitle, etc. 19. Specify: 19. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.) 19. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Maxican, Puerto Rican, etc.)						etc.	3,								
	EDENT'S EDU y highest grade 1-12)		+)	(Gi	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Truck Driver Transportation										
17. FATNER'S NAME (First, M James Camp		mith								E (First, Middle, Maiden uarles	Sumame)				
Mary E. Sm	ith									ute Number, City or Town			210	061	
20a METHOO OF DISPOSITE 1 Burlel 2 Crematio 4 Donatio 5 Other	(Specify)		_ G	other ple	Have	n Me	mori	al Pai	rk	Glen		nie,		A., M	ID
21. SIGNATURE OF FUHERA	22. NAME AND ADDRESS OF FACILITY Kirkley Funeral Home 421 Crain Hwy. S.E., Glen Burnie, MD 2106							061							
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fallure. Liet only one cause on each line. MAMFDIATE CALISE (Final							ite itween								
disease or condition							2	2 gr	3						
Sequentially list conditions, If any, leading to immediate							1	1							

If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. anemia

OUE TO (OR AS A CONSEQUENCE OF):

24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
	1 □ YES 2 □ NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) ITAL 2 ER/Outpatient 3 DOA me 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OEŞCRIBE NOW INJURY OCCURED

1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be

204

29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. on and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated.

296. SIGNATURE AND TITUE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME (ND ADDRESS OF PERSON WNO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print)

DR #230 HOSPITAL GLEN BURNIE. HSU D 300 MD. ONG

July Dandon Handell

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 alw. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF			E	0 14310
	1. DECEDENT'S NAME (First, Middle, Lest) Eugene Vro	ooman Scho	onmake	r	DEATH	2. DATE OF DEATH MONTH DA 05-03-9	90	AR 3. TIME OF DEATH
)	213-28-1745	XM 2 □ F 81	n yrs. lest birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 07-30-08		BIRTHPLACE (State or Foreign Country) 11enville, NY
ÓR -	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY (of DEATH Arundel
DIRECTÓR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD Anne Arundel Annapolis						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	1000 Primrose F	Road #20)3	1	01. ZIP CODE 21403		10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA WWII	2 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 NO Specify		or No — 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ON apleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of a life. Do NOT us CPC	work done during n se retired.)		US Na		
BE COM	17. FATHER'S NAME (First, Middle, Last) Martin Schoons	maker			30	ME (First, Middle, Meiden		
TO B	19a. INFORMANT'S NAME (Type/Print) Sharon Cyress	***************************************	Section Company	THE COURT		Route Number, City or Town	napol	is, MD 2140
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 M Cremation 3 ☐ Removal 4 ☐ Donation 5 ☐ Other (Specify)	from State Me	other place) Cr	emator	У	Bal	cation — chy timore	e, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS THOMAS A HO	udesty				neral ho Avenue,		A. polis, MD
	23. PART I. Enter the diseases, or com- shock, or heert failure. List IMMEDIATE CAUSE (Finel	pplications that caused t only one cause on ea	the death. Do such line.	not enter the m	ode of dying, suc	h as cardiac or respi	ratory arrest	Approximate Interval Between Onset and Death
	disease or condition resulting in deeth)	DUE TO (ON AS A	CONSEQUENCE O	F):)	mes	<u> </u>		
ATION	Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE O	p:	win		100	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):			8	
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions of	contributing to death be	ut not resulting	In the underlyi		Part I. 24e. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
M Lawr Natural 5 Principle M L C vers a C va						ED		
	2 Accident Investigation 28s. PLACE OF INJURY — At home form street factory office. 28s I OCATION (Street and Number of Bural Bode Number)							Rural Route Number,
COMPLETED	cool	N: To the best of my knowl On the basis of examination						suse(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER AND ADDRESS OF DEPSON AND D	Con the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER D 2438 29d. DATE SIGNED (Month, Day, Year) V 5 € V 4 € 9 U						

GOD KID GL

FOR

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL	HYGIEN	IE
	CERTIFICATE OF DEATH		REG. NO),
st, Middle, Last)		2. DATE O		

	1 - STATE REGISTRAR	(CERTIFIC	CATE OI	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			3. TIME OF DEATH
	GLADYS MARY SPICK	NALL				May	5, Ï	990	YEAR	м
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	F BIRTH		8. BIRTHE	PLACE (State or Foreign
V	579-05-8972 1 D M 2	12	YRS.	IONTHS DAYS	HOURS MIN.	Apr.	. 24, 1	918	Country	nsylvania
1	9a. FACILITY NAME (If not institution, give atreet and numb	er)	13	9b. CITY, TOWN	OR LOCATION OF DE	EATH		9c. COUN	ITY OF DE	ATH
DIRECTOR	333 Highland Drive			Edge	water			Anr	ne A	rundel
EC	10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
5	Maryland Anne Ar	undel		Edgew	ater					1 YES 2 NO
AL	10e. STREET AND NUMBER				Of. ZIP COOE			10g. CITI2	ZEN OF W	HAT COUNTRY?
FUNERAL	333 Highland Drive				21037				J.S.	
Ē	1 Name Married 2 F Married FORCES	CEDENT EVER IN U.S.		13. WAS DI	ECENDENT OF HISPAN specify Cuban, Mexica	NIC ORIGIN1	(Specify Yealcan, atc.)	or No-	14. RACE Black,	American Indien, White, atc.
ВХ	3 Widowed 4 Divorced	GIVE WAR OR DATES			ES 2 KNO Specify				Specify Wh	ite
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a.	DECEDENT'S U	rk done during i	TION nost of working	16b.	KIND OF BU	SINESS/INO	USTRY	
PLE	Elementery/Secondary (0-12) College (1-	l or 5+)	Home	maker			Hon	1e		
OM	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, M	iddle, Meiden	Surname)		
	Roy F. Landis						Flow			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING /	DDRESS (Stree	t and Number or Rural i				Code)	
5	Henry E. Spickna	17	333	Highl	and Driv	r o 1	ran ba	72 + 67	. M	n 27037
	20e METHOD OF DISPOSITION 11 Buriel 2 Cremetion 3 Removal from St		CE OF DISPOSIT		cemetery, crematory or	,		CATION —		
	1 1 Buriel 2 Cremetion 3 Removal from St. 4 Denation 5 Other (Specify)	Ta)	y place) Kemont	Ceme	terv		Day	rideo	nvi	lle, MD
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE	11 11	CINOTIO	22. NAME	AND ADDRESS OF FA	CILITY			11. 4	
	Vericold of t	Vin			or Funer					VD 03.40
	23. PART I. Enter the diseases, or complication	1 / 0 1	death Do no	147	Gloucest	ter	St.,A	nnar	0011	s,MD 21401
	ahock, or haart fallura. Liat only or IMMEDIATE CAUSE (Final	a cause on aech	lina.		٨		ac or reap	matory and	out,	Interval Batween Onset and Death
	resulting in death) a	UE TO (OR AS A CON	SEQUENCE OF	90	lung					
NO	Sequentially list conditions, b.	UE TO (OR AS A CON	SEQUENCE OF							
CERTIFICATION	cause. Enter UNDERLYING									
IFIC	first unfrared exelits	UE TO (OR AS A CON	SEQUENCE OF)							
ERT	resulting in death) LAST									
	PART II. Other algorificant conditions contribut	ng to deeth but n	of resulting in	the underly	ing cause given in	Part I.	24s, WAS AN	ALITOPSY	24b	WERE AUTOPSY FINDINGS
DICAL							PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ш						—	1 TYES 2	NO		DF DEATH?
2						- 1				1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			20	PLACE OF DEATH (Ch	mak ook oo	-1			
PHYSICIAN:	EXAMINER? HOSPITA	AL:		OTHER:	1/					
H		ATE OF INJURY	28b. TIME	4 Nursing H	NJURY AT	Y	(Specify)	NJURY OCC	CURED	
	1 Netural 5 Pending	lonth, Day, Year)	ULMI		WORK? YES 2 NO					
Э ВУ	2 Accident Investigation 3 Suicide 8 Could not be	ACE OF INJURY - A	it home, farm, st	reet, factory, of	fice		TION (Street		or Rural R	oute Number,
TED	4 Homicide determined	illding, etc. (Specify)				City	or Town, State;			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the	best of my knowledge	, death occurred	f at the time, d	ata end place, and due	to the cau	se(a) and ma	nner as stat	ed.	
M	(Check only one) 2 MEDICAL EXAMINER: On the bar									and manner as stated.
	29b. SIGNATURE AND TITLE OF PRITIFIER	ACCOUNT OF THE PARTY OF			29c. LICENSE NUI					(Month, Day, Year)
BE	RBn. Culor 7	na			D O	1841	,	290. DAI	C SIGNED	17/0x1
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	D CAUSE OF DEATH	(ITEM 27) (Trops	Print)	1001	- 10			3/	1110
	D1. 2 4	11 mi		833	6	+ >	~ n		10	s.mi) 21401
	31. DATE FILEO (Month, Day, Mar) 32 RE	GISTRAR'S SIGNATUS		000	rores		T. H	nna	1109	Sill Action
	MAY 80 1990 Such	GISTRUR'S SIGNATUR	pondale						1	

OHMH-16 Rev 1/89

than ut

DHMH-18 Rav 1/89

1 - FOR STATE REGISTRAR

3140,	ecuted within 24 h	and noministrate filler
O. 80X	certificate be ex	Man a language of the second
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires that the death	near of second has other address.
OF VIIAL P	PHYSICIAN: The law	4
DIVISION	E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hi	a second or manufacture and the second for the form of the state and adjust and advantages and
	11.1	ı

	1. DECEDENT'S NAME (First, Middle, Last) Thomas C	crivener, Jr.			2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH 90 5:00 A.M.					
719	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last I			st birthday)						8. BIRTHPLACE (State or Foreign Country)		
	214-16-5290		80	YRS.	200113		0c	t. 16,	1909		and	
1		9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY OF DEATH			
9	1896 Wilson Rd; Huntingtown, Md.				Huntingtown				Cal	Calvert		
ECTO						TOWN OR LOCATION 10d. INSIDE CIT-					d. INSIDE CITY	
DIR	MD Calvert 1				Portinitory				1 TES 2 NO			
AL	10a. STREET AND NUMBER				101: ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	1896 Wilson Rd				20639				050			
F	11. MARITAL STATUS 1 □ Naver Married Married Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 □ YES 2 ☑ NO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Maxican, Puerlo Rican, stc.				fea or No— 14. RACE — American Indian, Black, Whita, atc.			
B	3 Widowed 4 Divorced		1 ☐ YES 2 NO Specify: Specify: W					White				
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of				S USUAL OCCUPATION 16b. KIND 0				F BUSINESS/INDUSTRY			
Щ	Elementary/Secondery (0-12)	College (1-4 or 5+)	iife	a. Do NOT use	retired.)	most of working						
COMPL		1	Car	pente	r			Constru		ı		
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Maiden Sumame)							
BE		Thomas Carlton Scrivener, Sr.					e Gib			0.41		
10	19a. INFORMANT'S NAME (Type/Print) Lola B. Scrivener 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1896 Wilson Road, Huntingtown, Maryland								0639			
	20a. METHOD OF DISPOSITION 1				TION (Name of cemetery, crematory or 20c. LOCATION — City or Town					City or Town,	State	
	4 Donetion 5 Other (Specify) Metropol				itan Crematory Alexandria, Virginia							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home							
	Broomes Isl. Rd; Port Republic, Maryland											
CERTIFICATION	disease or condition resulting in death) a. Mctastatic addrocarcinoma Due to (or as a consequence of): Bequantially list conditione, b. Due to (or as a consequence of):											
SAT	ceuse. Entar UNDERLYING											
E	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
E	resulting in death) LAST											
	PART II. Other algoriticant conditions contributing to deeth but not resulting								AN AUTOPSY 24b. WERE AUTOPSY I FORMED? AVAILABLE PRIDE			
MEDICAL								V- 21			AILABLE PRIOR TO OMPLETION OF CAUSEDEATH?	
MEC											YES 2 NO	
	· ·											
Z	III OF WAS CARE DEFENDED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:				26. PLACE OF DEATH (Check only one) OTHER:						
CIAN			1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
YSICIAN:	EXAMINER?	1 - Inpatient 2 - ER										
РНУ	EXAMINER?		JRY	28b. TIME	OF 280	. INJURY AT WORK?	====	DESCRIBE HOW I	NJURY OC	CURED		
ву РНУ	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Decident Investigation	26a. DATE OF INJU (Month, Day, Ye	JRY per) JURY — At h	28b. TIME INJU	OF 28d	NJURY AT WORK?	0				e Number,	
ED BY PHY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJU	JRY per) JURY — At h	28b. TIME INJU	OF 28d	NJURY AT WORK?	O 28f. I	OCATION (Street City or Town, State)	and Numbe		e Number,	
ETED BY PHY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicida 6 Could not be detarmined 29a. CERTIFIER (Check only	26a. DATE OF INJU (Month, Day, Ye	JRY par) JURY — At h (Specify)	28b. TIME INJU oma, farm, at	OF 286 PRY M 1 reet, factory,	. INJURY AT WORK? YES 2 N offica	28f. l	OCATION (Street City or Town, State) cause(e) and ma	and Number	r or Rural Rout		
COMPLETED BY PHY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicida 6 Could not be detarmined 29a. CERTIFIER (Check only	26a. DATE OF INJU (Month, Day, Ye 28a. PLACE OF IN. building, atc. SICIAN: To the best of my in the best of examination of the best	JRY par) JURY — At h (Specify)	28b. TIME INJU oma, farm, at	OF 286 PRY M 1 reet, factory,	. INJURY AT WORK? YES 2 N offica	28f. L	OCATION (Street City or Town, State) cause(e) and ma	and Number	r or Rural Roul ted. ha cause(a) as	nd menner as state	
BE COMPLETED BY PHY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SGNATURE ND TITLE OF CERTIFIER	26a. DATE OF INJU (Month, Day, Ye 26a. PLACE OF IN. building, atc. BICIAN: To the best of my IER: On the basis of examiliate.	JRY ser) JURY — At h (Specify) knowledge, d nation and/or	28b. TIME INJU	OF 286 PRY M 1 reet, factory, d at the time,	. INJURY AT WORK? YES 2 N office data and place, ar on, death occured	28f. L	OCATION (Street City or Town, State) cause(e) and ma	and Number	r or Rural Roul ted. ha cause(a) as		
COMPLETED BY PHY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be detarmined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMIN	26a. DATE OF INJU (Month, Day, Ye 26a. PLACE OF IN. building, atc. BICIAN: To the best of my IER: On the basis of examiliate.	JRY ser) JURY — At h (Specify) knowledge, d nation and/or	28b. TIME INJU	OF 286 IRY M 1 reet, factory, d at the time, h, in my opini	. INJURY AT WORK? YES 2 N office data and place, ar on, death occured	d due to the at the time, de NUMBER	OCATION (Street. Lity or Town, State) cause(e) and ma date and place, an	and Number	r or Rural Routed. ted. te Signed (M	nd menner as state	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
Thomas Carlton Scrivener, Jr. 2. DATE OF DEATH
DAY
MONTH

U.G. 1:

30. NAME AND ADDRESS OF PERSON W
PAUL

31. DATE FILED (MC 77, Day, Year)

447 1 5 '90

FOR 1 - STATE REGISTRAR		STATE OF MARY		IMENT OF H		MENTAL HYG		90 14519
1. DECEDENT'S NA	ME (First, Middle, Last)	JOSHUA I Sam	IMMANUEL	SANDS	DEATH	2. DATE OF DEA MONTH	THMAY 11	90 3. TIME OF DEATH 5; 5.
4. SOCIAL SECURIT	VE	1 W M 2 □ F	E (in yrs. last birthday) —— YRS.	F UNDER 1-YGAR MONTHS DAYS	# UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	720	BIRTHPLACE (State or Foreign Country)
1. 7	(If not institution, give	OF MARYLAND	HOSPITAL	96. CITY, TOWN O	R LOCATION OF DE	CITYLY	-	Y OF DEATH
RESIDENCE O	PR	INCE GEORGES	1 de	TOWN OB LOCAT	!			10d. INSIDE CITY LIMITS? 1XX YES 2 \(\square\) NO
100. STREET AND N	Xld (BED CLAYED	#202		ZIP CODE	724	4	N OF WHAT COUNTRY?
≧ 3 □ Widowed 4	2 Married	FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO		ENDENT OF HISPAN Helfy Cuban, Mexica 2 A.NO Specifi	n, Puarto Rican, at		A. RACE — American Indian, Black, White, etc. Specify: USULVal
Elementary/Secr	15. DECEDENT'S ED secify only highest grac ondary (0-12)	UCATION te completed) College (1-4 or 5+)	16e. DECEDENT'S t (Give kind of w life. Do NOT use NONE	ork done during mor	N at of working	16b. KIND C	F BUSINESS/INDUS	STRY
17, FATHERIS NAME	(First, Middle, Last)	BASIL SAN	DS		18. MOTHER'S NA	Matterst, Middle, N	laidep Surname)	
P BASI	J. S.	ANDS	26	7 2	ed c	Cary	or Town, State, Zip C	oo) LAUREL, MD.2072
4 Donation 5	Cremation 3 - Rec	moval from State	other place) JEFFER	SON TOWN	SHIP CEND ADDRESS OF FA	ETERY	BLACKLIC	
1	W.Ch	anhuse	<u> </u>		CHAMBEI			ALE, MD.20737
IMMEDIATE CAL disease or cond resulting in dee	ck, or heart feliure ISE (Finel Itton	complications that cause on List only one cause on CARD	TAC AR	REST	ne or aying, suc			Interval Between Onset and Death
Sequentially list if eny, leeding to cause. Enter UN CAUSE (Disease that initiated ever resulting in deep	DERLYING or Injury	b. DUE TO JOR AS	A CONSEQUENCE OF	((0	GENITAL,	ral HEA	RT + D	Istiseuse 24
thet initieted ev resulting in dee		d						
PART II. Other a	lignificent condition	one contributing to death	but not resulting i	n the underlying	g ceuse given in	P	AS AN AUTOPSY ERFORMED? (ES 2) NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFIEXAMINER? 1 VES 2-0 27. MANNER OF DE	ERRED TO MEDICAL	HOSPITAL:	utpetient 3 DOA	OTHER:	ACE OF DEATH (Cr		(y)	
27. MANNER OF DE	ATH 5 Pending investigation		thJI	M 1 1	RK7 (ES 2 NO		HOW INJURY OCCU	
3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2	6 Could not be detarmined	building, etc. (S	ort-			City or Town,	State)	r Rural Route Number,
(Check only one) 2								cause(a) and menner as stated.
296. SIGNATURE A		VHO COMPLETED CAUSE OF	DEATH OFFICE OF S	2/41	D3 -	7908	29d. DATE	SIGNED (Month, Day, Year)

LOMONICO MD. BALTIMORE, MD.

32. REGISTRAT'S SIGNATURE
Julia Davidson-Randell

13871 61

GC 26

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should have a within 72 hours after death with the State hear of the Heath and Merital Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
after death.	by the funera	fical exami
thin 24 hours	etely filled in	nt, the med
e executed wi	in and comple to burial, cre	umatic ever
certificate be	oding physicia Hydiene prior	r other train
nat the death	by the atter	ny injury, o
w requires the	been signed of Health	3 shows a
CIAN: The la	ertificate has	or item 2
DING PHYSI	After this co	s marked,
L OR ATTEN	DIRECTOR:	Item 28
THE HOSPITA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 has find within 70 hours after death with the State heart of Health and Mental Horlene prior to burial, cremation, or removal.	PORTANT: II
2	2 2	3

M.

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		FOR 1 - STATE	STATE OF MARYLAND /				MENTAL H	IYGIENE	
	025	1. DECEDENT'S NAME (First, Middle, Lust) SR. AGNES	AKA FLORENCE S LOUISE, C.S.C.	TEWART	ATE OF	DEATH	2. DATE OF MONTH	DEATH DAY 9	3. TIME OF DEATH 12.30 pm
)		5. SEX 6. AGE (In yrs. lest 1 M 2 F	YRS. MON	UNDER 1 YEAR ITHS DAYS CITY, TOWN O	HOURS MIN.		y, Year)	BIRTHPLACE (State or Foreign Country) EW YORK OF DEATH
s 1, 2, 3	ECTOR	HOLY CHOS: RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	Hospital	10c CITY TO	Silv WN OR LOCATI		ing	Mour	, , , ,
ermit, Page	삠		OMERY		INGTON	ZIP CODE		10g. CITIZEN	1 VES 2 NO OF WHAT COUNTRY?
physician. burlal-transit permit, Pages	FUNERAL	5000 STRATHMORE A	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N	MED O	13. WAS DECE	20895 ENDENT OF HISPAN Cify Cuban, Mexica		USA specify Yea or No— 14. n, atc.)	RACE — American Indian, Black, White, alc.
r attending phuse as the bu	ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUC/ (Specify only highest grade of			1 TYES AL OCCUPATIO	N		ND OF BUSINESS/INDUST	Specify: THITE TRY
spital or led for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Do NOT use reti	ELIGIO	US NUN			
be del	BE	17. FATHER'S NAME (First, Middle, Last) THOMAS STEWART 19a. INFORMANT'S NAME (First Print)	194	MAILING ADD	DRESS /Street a	MARY	GROVE	le, Maiden Surname) CS City or Town, State, Zip Coi	rie)
y be repage 5	10	SR. CATHERINE LASH 20a. METHOD OF DISPOSITION 1 (Y Burla) 2 Cramallon 3 Remov	. C.S.C. 5	000 ST	RATHMO	RE AVENU		ISTNGTON MA	RYLAND 20895
Page 6 Il directo		4 Donation 5 Other (Specify)	MT. O			D ADDRESS OF FA		WASHINGTO FUNERAL HO	
by the		23. PART i. Enter the disease, or co			500 U	NIVERSIT	Y BLVD	W STL S	PR MD 20901 , Approximate
filled in or in the im		iMMEDIATE CAUSE (Finel disease or condition resulting in death)	let only one cause on each line	office	ierry				Interval Batween Onset end Deeth
executed and com burial,	NOI	Sequentielly list conditions, if any, leeding to immediate	DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSE	soffe	inez	_			weeper
certificat ding phy tygiene p	RTIFICATION	ceuse. Enter UNDERLYING CAUSE (Discess or injury thet initiated evente reculting in deeth) LAST	DUE TO (OR AS A CONSEC	DUENCE OF):					
the dear the at Ment	EDICAL CE	PART II. Other significant conditions	contributing to death but not r	eeuiting in th	ne underlying	g cause given in	**	a. WAS AN AUTOPSY PERFORMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
w requires to been signed it, of Health	Σ							□ YES 2 PNO	OF DEATH?
N: The ficate h. State D	'SICIAN:		HOSPITAL;		THER:	ACE OF DEATH (Ch		pecify)	
	ву рну	27. MANNEY OF DEATH 1 Wetural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Morith, Day, Year)	286. TIME OF INJURY	M 1 1 Y	RK? /ES 2 NO	28d. DESCR	IBE HOW INJURY OCCUR	ED
OR ATTENDING DIRECTOR: After hours after death Item 28 is ma	9	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — At ho building, etc. (Specify)	me, larm, atree	t, lactory, office			ON (Street and Number or fown, State)	Rural Route Number,
A Z Z	COMPLET	one) 2 MEDICAL EXAMINER	IAN: To the best of my knowledge, de			eath occured at the	time, data en		euse(e) end manner ee stated.
TO THE HOSPI TO THE FUNER be filed within	TO BE	29b. SIGNATURE AND ATITLE OF CERTIFIER 20 NAME AND ADDRESS OF PERSON WAS	COMPLETED CAUSE OF DEATH (ITE	M 27) (Time Bil	net)	DO 460		29d. DATE S	IGNED (Month, Day, Year)

31. DATE FILED (Month, Day, Year) '90 ulia Davidson DHMH-16 Rev 1/89

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MENIAL

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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MD 20842

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7	3 shows any injury, or other traumatic event, the medical examiner must be notified at onc
pt. of Health and Mental Hyglene prior to burial, cremation, or removal.	medical
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.
	2 DATE O	C DEATH

FOR STATE REGISTRAR	S	TATE OF MA						MENTA	REG. NO.	E		
1. DECEDENT'S NAME (First, M PAUL	fiddle, Last)	JOHN	S	неен	E			2. DATE MON' May	of DEATH	990	YEAR	3. TIME OF DEATH 10:40 P M
177-01-0879	жx	M 2 🗆 F	AGE (In yrs. les	yns.	MONTHS D	DAYS	HOURS MIN.	06-	of BIRTH th, Day, Year) 14-1912		Country	
Memorial Hos	pital	and number)						EATH				
		ıy		1			N		44.			10d. INSIDE CITY LIMITS? YES 2 NO
						2	1502			U		HAT COUNTRY?
_		WAS DECEDENT I FORCES? TE IF YES, GIVE WAF	EVER IN U.S. AF YES 2 I	RMED NO WII	lf y	res, spec	fy Cuben, Mexica	in, Puerto		or No-	Black,	- American Indian, White, etc. White
(Specify only I	highest grade comp	oleted)	(G	live kind of v b. Do NOT us	USUAL OCCI vork done duri re retired.)	UPATION ring most	of working					ant
Thomas H. St	die Last) leehe					M	artha H	läthe	Midelle Maiden	Sumeme)		
			70	b. MAILING 7 Fre	AODRESS (S	Street and	Number or Rural treet C	Route Nur umbe	rland,	MD 2	1502	
1 🗋 Buriel 2 🗆 Cremetion	3 Removal	from State	St. othor	of olspos arys	Cemet	e of come ery	tery, cremetory or		Cumbe	erlan	d, M	vn, State D
21. SIGNATURE FUNERAL	SERVICE LICENSI	- NCO	LAN	11.	Sca Cum	irpe. iber	lli fund land, M	eral D 21	Home 502			
shock, or her	ert fellure. Liat	only one cause	un each iline	e. Un	ia					·	eat,	Approximate Interval Between Onset and Desth
if sny, lesding to immedicause. Enter UNDERLYIN	Ide IG y c		CAD	OUENCE O	file file file	en	ifferil	ing	aleho			
PART II. Other significan	t conditions co	ontributing to d	eath but not	reaulting	in tha unde	erlying	ceuse given in	Part I.	PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER?	HO	OSPITAL:	FR/Outpatient	3 □ DOA	OTHER:							
27. MANNER OF OEATH	ending	28e. DATE OF IN	JURY	28b. TIN	E OF 2	Bc. INJU	RY AT			NJURY OCC	CUREO	
3 Sulcide 8 C	could not be			ome, ferm,	street, factor	y, office				and Number	or Rural A	oute Number,
one!	THE RESERVE											end menner ee steted.
Re	tent	of a	lu	18	mg)	_		8	29d, DATE	SIGNED	(Month, Day, Year)
Dr. Peter Ha		Memori	al Hos	pital	, Print) , Cum	ber.	land, M	D 21	502		6	/
31. OMAY 110177 79	30	32 AEGISTRAR		•								DHMH-18 Rev 1/89
	REGISTRAR DECEDENT'S NAME (First, M. PAUL SOCIAL SECURITY NUMBER 177-01-0879 De. FACILITY NAME (M not institute the condition of the condi	REGISTRAR DECEDENT'S NAME (First, Middle, Last) PAUL SOCIAL SECURITY NUMBER 177-01-0879 DE FACILITY NAME (If not institution, give street at the second of the second	DECEDENT'S NAME (First, Middle, Last) PAUL SOCIAL SECURITY NUMBER 177-01-0879 SOCIAL SECURITY NAME (II not institution, give street and number) Memorial Hospital RESIDENCE OF DECEDENT OB. STATE 108. STATE 108. STATE 109. COUNTY MD Allegany OB. STREET AND NUMBER 707 Frederick Street 11. MARITAL STATUS 12. WAS DECEDENT'S FORCES? The Forces. The Forces? The Forces. The Forces? The Forces. The Force	REGISTRAR Decedent's Name (First, Middle, Last) PAUL SOCIAL SECURITY NUMBER 177-01-0879 SEX M2 F 77 177-01-0879 REACLITY NAME (If not institution, give street and number) Memorial Hospital RESIDENCE OF DECEDENT OB. STATE 108. COUNTY MD Allegany 108. STREET AND NUMBER 707 Frederick Street 11. MARITAL STATUS Never Merried 12. WAS DECEDENT EVER IN U.S. AT PORCES? 13. DECEDENT'S EDUCATION (Specify only highest grade completed) 14. Was decedent and number and numbe	REGISTRAR DECEDENT'S NAME (First, Middle, Last) PAUL JOHN SHEEH 1. SOCIAL SECURITY NUMBER 1. S	DECEDENT'S NAME (First, Mickids, Last) PAUL SHEEHE 1. SOCIAL SECURITY NUMBER 1. SOCIAL SECURITY NU	DECEDENT'S NAME (First, Middle, Last) PAUL JOHN SHEEHE 1. SOCIAL SCURITY NUMBER 1. SOCIAL S	DECEDENT NAME (Part, Michie, Lati) PAUL SHEEHE S. SEX 177 - 01 - 0879 S. MACHITY NAME (If an institution, pive street and number) S. SEX S. C. AGE (If yrs. Ast birmiday) S. MACHITY NAME (If an institution, pive street and number) S. STATE SOL M. 2 F YRS. SOL M. 2 F YRS. SOL M. 2 F YRS. SOL M. 2 F SOL M. 2 F YRS. SOL M. 2 F YRS. SOL M. 2 F SOL M. 2 F YRS. SOL M. 2 F SOL M. 2 F YRS. SOL M. 2 F SOL COUNTY SOL	DECERTIFICATE OF DEATH PAUL JOHN SHEEHE JOHN SHEEHE JOHN SHECHE SHECHEL SHECHEL JOHN MEMORIAL HOSPITAL SHECHEL JOHN Allegany JOHN Allegany JOHN Allegany JOHN Allegany JOHN JOHN	DECEDITION AND FIRST MAKE (First Micros), Last) PAUL SECURITY MAKE (First Micros), Last) PAUL SECURITY MAKE (First Micros) SECURITY MICROS) SECURITY MICROS MICROS (First Micros) SECURITY MICROS MICROS (Firs	DECISITION NUMBER PAUL DOES SHEEHE 177-01-0879 PAUL SEC NO PAUL DOES NECTH THORN MARK Fore Modes, Last) PAUL 177-01-0879 PAUL DOES NECTH THORN MARK Fore Modes, Last) PAUL DOES NECTH THORN MARK Fore Modes, Last) PAUL PAUL DOES NECTH THORN MARK Fore Modes, Last) PAUL PAUL DOES NECTH THORN MARK Fore Modes, Last) PAUL DOES NECTH THORN MARK Fore Modes, Last) PAUL PAUL DOES NECTH THORN MARK Fore Modes, Last) PAUL DOES NECTH THORN ON LOCATION OF DEATH A11-08-06-06-06-06-06-06-06-06-06-06-06-06-06-	DECEMPITY NAME of an institution, plus assets and numbers S. DEC of the PAUL S. DEC of th

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BALTIMORE, MARYLAND 21203-3146	urs after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit per	removal.	edical examiner must be notified at once.
	NO: 1-2	filled ii	10u, or	he me
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ wours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CER	TIFIC/	TE OF	DEATH		RE	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						1	DATE OF D				3. TIME OF DI	EATH
	STEPHEN	CRAI	SHOWS					5 12 90				1:22	Ам
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birt		NDER 1 YEAR	IF UNDER 24 H	RS. 7	DATE OF BI	IRTH			IPLACE (State or	Foreign
	3110000	1X M 2 DF 3	2 1	RS. MON	THE DAYS	HOURS MI	IN.]	Month Day	-19	57	Count	" Mary	land
	9a. FACILITY NAME (If not institution, give str		۷	- Oh	CITY TOWN (D I OCATION O	DE DEAT	ъ		00 0011	NTV OF F		
rc													
DIRECTOR	RESIDENCE OF DECEDENT										101 e		
2											10d. INSIDE C	TY	
=	Maryland Bai	ltimore			ltimo							-LIMITS?	
	10e. STREET AND NUMBER											1 TYES 2	
₹		C 1 1			101	ZIP CODE	2				S A	WHAT COUNTRY	m
9	410 W. Lombard					2120	2			0 .	· D · P	k a	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARMED			ENDENT OF HI				or No-	Blac	E — American li k, White, etc.	
2	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF				2 NO S		r darto moun	, 410.7		Spec	w. Whit	e
	3 Wildowed 4 Divorced												
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECED	ENT'S USU	AL OCCUPATION fone during more fed.)	ON st of working		16b. KIND	OF BUS	INESS/INI	DUSTRY		
4	Elementary# condery (0-12)	College (1-4 or 5+)						Co	ons	truc	tio	n	
Ē	12			Plum	per								
5	17. FATHER'S NAME (First, Middle, Last)	C13				16. MOTHER	S NAME	(Eirst, Middle	, Maiden	Surname)			
BE	Sidney Joseph	Shows				Ann	L Ge	eres	e u	uen			
	19a. INFORMANT'S NAME (Type/Print)					nd Number or F					p Code)		_
2	M. Denise Hine	S	17	03 P	eachw	ood C	t.	Fink	sbu	rg,	Md.	2104	.8
	20a. METHOD OF DISPOSITION		20b. PLACE OF	DISPOSITIO	N (Name of ce.	netery, cremator	y or		20c. LO	CATION	City or To	own, State	
	1 Buriel 2 Cremetion 3 Remo	wal from State	arroll	l Cr	emati	on Se	rv	ices	Ham	pst	ead,	Md.	
- 1	21. SIGNATURE OF FUNDOL BENTICOLLIC	ENSEE	-		22. NAME A	ND ADDRESS O	OF FACIL	ту -					_
- 1	s 0///	217	1		Thoma	D ADDRESS C	FI	etche	r &	So	n F	н.	
	1	W			West th	inste	T,	Matr	211	57			1
CERTIFICATION	shock, or haert feilura. L IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditiona, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Pneumonia OUE TO (OR A OUE TO (OR A	a compl	NCE OF):	ng ci	crhosis	s of	the the	live	er			I Between and Death
E	resulting in death) LAST											ļ	
S S	PART II. Other algnificant conditions	a contributing to daet	h but not resu	ilting in th	a undarlyln	g cause give	n in P	ert i. 24a	PERFOR	AUTOPSY IMED?	24	WERE AUTOPS AMAILABLE PRI	
								_ 118	YES 2	□ NO		OF DEATH?	OF CAUSE
												1 X YES 2	□ NO
PHYSICIAN: ME								_					
4	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF OEAT	'H (Chec	k only one)					
2	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/	Outpatient 3 🗆	DOA 4	HER:	ne 5 🗆 Reside	ence 6	X Other (So	ec/h/1	Scen	16		
Ë	27. MANNER OF DEATH	28a. DATE OF INJU	RY 2	b, TIME OF	28c, IN	JURY AT		28d. OESCRIE					
	XXX Natural 5 Pending	(Month, Day, Ye	ar)	INJURY	W	ORK? YES 2 N	- 1						
Ŕ	2 Accident Investigation	28e. PLACE OF INJ	URV — At home	form etros			-	284 LOCATIO	M /Street	and Mumbe	er or Dural	Floute Number,	
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Specify)	torrit, otree	i, metory, orn		- 1	City or To	wn, State)	ina reambe	or Ur HUTER	riodie redribei,	1
<u> </u>	29e. CERTIFIER								_				
릴	(Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my k											
COMPLETE	one) 2 X MEDICAL EXAMINE	R: On the basis of examin	ation and/or inve	etigetion, in	my opinion,	seath occured a	at the ti	me, data and	place, ar	d due to t	the cause	a) and manner	es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENS	E NUMB	ER		29d. DA	TE SIGNE	D (Month, Day, Y	bar)
BE	avid	MA				1	CME	7		•	5-1	L2-90	
일	30. NAME AND ADDRESS OF PERSON WHO												
- 1	30. HARE THE PUBLICAS OF PERSON WING	O COMPLETED CAUSE OF	DEATH (ITEM 2	r) (Type, Prir	()								
	1.1					ı Stree	et.	Balti	.more	e. MT) 2'	1.201	vl
	Artn M. Dixon, M 31. DATE FILED (MONTH), Day, Year) MAY 15 '90		Chief	11	.1 Peni	n Stree	et,	Balti	.more	e, MI) 2:	1201	vl

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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FOR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CEF	RTIFIC	ATE OF	DEATH	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF				3. TIME OF OEATH
	Kenneth	L.		Steel	e	5-6-90 DAY			YEAR	12:53AM M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last b		NDER 1 YEAR	IF UNDER 24 HRS.	7 OATE OF	HOTH		8. BIRTI	HPLACE (State or Foreign
	578-42-0794	1 💢 M 2 🗆 F	57	YRS. MON	THS DAYS	HOURS MIN.	(Month, De Aug.	20,	1932	Was	hington,DC
	9e. FACILITY NAME (If not institution, give s			9b.	CITY, TOWN	OR LOCATION OF DE	ATH		9c. COU	NTY OF E	DEATH
TOR	Easton Memoria	Hospital			Eas	con			Quee	n Ar	nne's County
EC	10a. STATE 10b. COUNT	Y		10c. CITY, TO	WN OR LOCA	TION					10d. INSIDE CITY
5	Maryland	Prince Geor	rges	Ве	ltsvil	.1e					1X YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 4042 Beltsville	Dood			10	20705			- 75	ZEN OF	WHAT COUNTRY?
Ä				_					USA		
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 X V IF YES, GIVE WAR O	rES 2 NO	:U	If yes, sp	ecity Cuben, Mexice 2 NO Specify	n, Puerto Rica		or No—	Blac Spec	E — American Indian, ik, White, etc. #y: White
	15. DECEDENT'S EOU				AL OCCUPATI		18b. KIR	D OF BUS	SINESS/INC	USTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give	kind of work o NOT use ret	done during mo lred.)	est of working					
<u>P</u>	1-10	N/A	Reta	il Li	quor S	tore	Self	Emp	loye	d	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA					
C	Henry G	. Steele				Vir	gie M.	Mil	ler		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. I	MAILING ADD	RESS (Street	and Number or Rural i				Code)	
5	Peggy Ann Stee	1e	40	42 Be	ltsvil	le Road,	Belts	vill	e. M	d. 2	20705
	209. METHOD OF DISPOSITION	/	20b. PLACE OF	OISPOSITIO		metery, cremetory or			_		own, State
	1 X Suriel 2 Cremetion 3 Rem 4 Donetion 5 Other Specify)	oval from State	Fort) Linco	ln Cem	etery		Br	entw	ood.	Maryland
	21. SIGNATURE OF FUNERAL SHIVICE LI	CONSEE /	//		22, NAME A	NO AODRESS OF FA	CILITY				
	VAIID 1	1 Woodh	h			/Rinaldi					20904
	23. PART I. Enter the discesses, or	compliantions that are	used the deet	b Do oot							er Spring, Md
	ahock, of heart feiture.	List only one ceuse of	on each line.	n. DD not (enter the me	on or aying, auc	n aa cerdiac	or respi	natory en	rest,	Approximata Interval Between
	iMMEDIATE CAUSE (Final disease or condition										Onset and Death
	resulting in death)	. Ruptured			aortic	aneurys	sm				
		DUE TO (OR	AS A CONSEOU	CONSEQUENCE OF):							
N O	Sequentially list conditions,	b	AS A CONSEOU	ENOE OF							
AT	If sny, leading to immediate cause. Enter UNDERLYING	DUE TO (ON	AS A CONSECU	ENCE OF):							i
FIG.	CAUSE (Disesse or injury that initieted events	c	AS A CONSEQU	ENCE OFI:					<u> </u>		
E	resulting in death) LAST										ļ
CERTIFICATION		d									1
EDICAL	PART ii. Other significant condition	na contributing to dea	th but not rea	uiting in t	e underlylr	g cause given in	Part i. 24	a. WAS AN		24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
SC							X	XYES 2	□ NO		COMPLETION DF CAUSE OF DEATH?
ME							_				XTYZYES 2 □ NO
ä											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		Lá		LACE OF OEATH (Ch	heck only one)				
Sig	XXXX 1 □ NO	1 ☐ Inpatient 2 ☑ XR	/Outpatient 3		THER: Nursing Hor	ne 5 🗆 Residence	6 Other (S	pecify)			
H	27. MANNER OF DEATH	26e. DATE OF INJU	JRY	28b. TIME OF	28c. IN	JURY AT	28d. OESCR	IBE HOW I	NJURY OC	CURED	
ВУ	Netural 5 Pending 2 Accident Investigation	(YES 2 NO					
	3 Suicide 6 Could not be	26e. PLACE OF IN. building, etc.	JURY — At home	e, farm, stree	t, factory, offi	ce		ON (Street fown, State)		r or Rural	Route Number,
TE	4 Homicide datermined		(0,000))				Ony or 7	Own, Otata)			
ZE.	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my	knowledge, deat	h occurred a	the time, dat	e end place, end due	e to the cause(e) end me	nner ee sta	ted.	
COMPLETED	Control of the cause (e) end menner ee stated. Control of the cause (e) end menner end							(e) end menner ee stated.			
ပ္ပ	295. SIGNATURE AND FITTLE OF CHITTIFE	3/4				29c, LICENSE NU		- A C C			
BE	Sold Sold Sold Sold Sold Sold Sold Sold	//				OCME	MOEN		Zyd. DAI		D (Month, Day, Year) -7-90
9	00. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE O	F DEATH //TEM	27) (Tyrus Pris	at)	1					, , , ,
	Frank Peretti,	MD	- econ (IIEM			Street,B	altimo	re.M	D 21	201	VC
	31. DATE FILEO (Month, Day, Year)		SIGNATURE								•
	MAY 1 0 '90	39. REGISTRAR'S	ma Brand	.00							

DHMH-16 Rev 1/89

	1 - STATE REGISTRAR	STATE OF N	IARYLAND / I Ce		ICATE				ENIAL HYG REG.				
	1. DECEDENT'S NAME (First, Middle, Last) AUGUST J.	August STRE	Streki	İs					2. DATE OF DEAT	H DAY	90	3. TIME OF DEATH 5 30 M M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6, AGE (In yrs. lest		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Yes		s. BIRTHP Country)	LACE (State or Foreign	
	162-01-0574 9e. FACILITY NAME (If not institution, give	1 🖾 M 2 🗆 F	79	YRS.	01-0177	70000	DIOCATI	ON OF DEA	Sept. 2	sylvania			
œ	Suburban Hospita				·	ethe		UN OF DEA	irn.		ontgom		
6	RESIDENCE OF DECEDENT									Pic			
DIRECTOR	10a. STATE 10b. COUNT				Y, TOWN O		ION				10d. INSIDE CITY LIMITS?		
	Maryland Mont	gomery		Rockville 101. ZIP CODE						10a, C		1 YES 2 NO	
FUNERAL	199 Rollins Ave	enue, Apt.	. 213	20852							United States		
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM						ANIC ORIGIN? (Specify Yas or No. 14. RACE — American Indian,				
à l	1 Never Married 2 K Married 3 Wildowed 4 Divorced	IF YES, GIVE W		If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ YES 2 ☒ NO Specify:						-,	Specify		
	15. DECEDENT'S ED (Specify only highest grad		(Ghr	e kind of	USUAL OC	CCUPATIO	N st of workin	g	16b. KIND O	BUSINESS/II	NDUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5-	·)		iver				Fo	od Ind	dustry		
NO.	17. FATHER'S NAME (First, Middle, Last)						1a. MOT	HER'S NAM	E (First, Middle, Mi		- 4		
BE C	August Strekis			Mary Kalinauski						is	_		
D 8	19a. INFORMANT'S NAME (Type/Print)								oute Number, City o				
	Hilda A. Strekis		20b. PLACE O							ROCKY		MD 20852	
	20a, METHOD OF DISPOSITION 1 \(\tilde{\text{L}}\) Burlat 2 \(\text{Cremation} \) 3 \(\text{Rec}\) 4 \(\text{Donation} \) Donation 5 \(\text{Other}\) Other (Specify)	other plac	r place)							ckville, Maryland			
ı	21. SIGNATURE OF FUNERAL SERVICE L	_ M0038	31	22.	NAME AN	ID ADDRE	SS OF FAC	ILITY Robe	rt A.	Pumph	rev Funeral		
	Barbara Jom	mullen	Lawren	cc	HO Av							ontgomery 50-2805	
	23. PART I. Enter the diseases, or ahock, or heart fallure	complications tha	t caused the dea	th. Do	not enter	the mo	de of dy	ing, such	as cardiac or	reapiratory a	errest,	Approximete	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. DUE TO	OR AS A CONSECU	uponce of	4	la	ates	10	oder	se		Onset and Death	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	(OR AS A CONSEQU	VENCE C	F):		_						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	(OR AS A CONSEQ	UENCE C	F):								
CAL C	PART II. Other algolificant condition	ons contributing to	death but not re	suiting	in the un	nderlying	g cauae	given in F		S AN AUTOPS		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
										ES 2 NO		COMPLETION OF CAUSE OF DEATH?	
ME					_			.	_			1 U YES MO	
AN	25. WAS CASE REFERRED TO MEDICAL	1				26. Pl	ACE OF D	EATH (Che	ck only one)			*	
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHEI	Rt:			Other (Specify)			
PHYSICIAN: MED	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE Of (Month, E	INJURY Day, Year)	280s. TH	JUSTY		RK?		28d. DESCRIBE	IOW INJURY (OCCURED		
à l	2 Accident Investigation	28e. PLACE C	DE INJUSTY — 41 hou	A mark	street, fact		YES 2	NO	2af. LOCATION (and and the	or Rural Ro	outs Number	
TED	3 Suicide 6 Could not b 4 Homicide determined		etc. (Specify)	7		iory, omo			City or Town,		I	oute workers,	
COMPLETED	LOTIOCA UTILY	SICIAN: To the best o										and manner as stated,	
TO BE	206. SIGNATURE AND TITLE OF CENTUR	19llle	en 1	W,	7			ense num 3581	BER	29d. D	S/U	(Month, Day, Year)	
	30 NAME AND ADDRESS OF THIS ON THE ELLIOT R. Golds:					geto	wn R	oad,	Betheso	la, Ma:	/ ryland	1 20814	
	31. DATE FILED (Month, Day, Year) MAY 1 4 '9	32 REGISTR	AR'S SIGNATURE							, , ,	,	310	



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	1	-	FOR STATE REGISTR	AR	
ļ	1	. D	ECEDENT'S	NAME	(F

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFICA		PUEATH	B	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) MIL TO JORED J. STOIL MIL	DRED J. S'	COLL		2. DATE OF I	DEATH DAY	9 YE	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (1 578-62-4639 1 □ M 2 1) F 83	MON	UNDER 1 YEAR		7. DATE OF E (Month, Da 7/14/	y, Ybar)		SHITHPLACE (State of Foreign Country) MD		
OR	90. FACILITY NAME (If not institution, give street and number) HOLY CROSS 1+05piTAL			OR LOCATION OF DE						
힌	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	10c. CITY, TO		1				and manage areas		
DIRECTOR	MD Mont.		7 Cha					10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	5480 WI Ave.			20815			U.S.A	OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO								
	15, OECEOENT'S EDUCATION	16a. DECEDENT'S USU	AL OCCUPA	TION	16b. KIA	D OF BUSI	NESS/INDUST			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use rel		most of working						
MP	2	Housewi	lfe	Daniel Branch		Home				
	17. FATHER'S NAME (First, Middle, Last) Lee H. Lindsay			18. MOTHER'S NAM		e, Maiden Si	urname)			
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	RESS (Street	t and Number or Rural R		Olty or Town,	State, Zip Cod	(a)		
2	Evelyn Penn	1519 Lor	ngfel:	Low St. Mc	Lean.	VA 2	2101			
	1.5 Buriel 2 Cremetion 3 Removal from State	PLACE OF DISPOSITION OTHER PLACE)	N (Name of			20c. LOCA		or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE/LICENSEE		JOS 6	and address of Faceph Gawler	S Son	ıs, I	nc.			
	Hemy S. John.			WI Ave.						
	23. PART I. Enter the disease, or complications that caused shock, or heart tailure. List only one cause on at IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	ach lina. ONSEQUENCE OF):	MU	noda of dying, such	as cardiac	or respire	story arrest,	Approximate Interval Between Onset and Death		
CERTIFICATION	If any, laading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A CONSEQUENCE OF):								
ERTI	reaulting in death) LAST									
L C	PART II. Other significant conditions contributing to death b	ut not reaulting in the	na undarly	ing cause given in i	Part I. 24	. WAS AN A		24b. WERE AUTOPSY FINDINGS		
MEDICAL					_	YES 2	/	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL		26	PLACE OF OEATH (Che	ock only one)					
Sici	EXAMINER? 1 YES NO 1 Noetlant 2 ER/Outp		HER:	ome 5 Residence		naciful				
PHYSICIAN:	27. MANNER OF DEATH 1. Netural 5 Pending 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c.	NJURY AT WORK?			JURY OCCURE	iD.		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	t, factory, of	fica	281. LOCATIO City or R	N (Street an wn, State)	d Number or R	Rural Route Number,		
COMPLET	29e. CERTIFIER (Check only one) 2							use(a) and manner as stated.		
TO BE C	296 SIGNATURE AND TITLE OF CERTIFIER	XIII	5	29c. LICENSE NUM	BER		29d, DATE SIG	GNED (Nonth, Day, Year)		
Ē	John J. Merendine, M.D. 4	атн (ітем 27) (Туре, Рііі 701 Randol		. # 216 R	ockvi 1	10 N	44 20	852		
	31. DATE FILED (Month: Day Year) 32. REGISTRAR'S SIGN	ATURE Andelle	P 88 41U	" = 10 10	VCKVII			U1/.		



BECOMPLETED BY FUNERAL DIRECTOR

MICHIGAL IN INCHIES TO HIGH AND		NO.
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Day out		MEDIC
24 1101		ICIAN:
Month of	ĺ	PHYS
9) BY
07 1119		ETEC
AND IN IN		TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
MILON		38 0
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1. DECEDENT'S NAME (First,	1. DECEDENT'S NAME (First, Middle, Last) GILBERT SWEDENBURG 2. DATE OF DEATH MONTH 05 -008-9 OYEAR 2 2 3 30 a . M												
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. leg	thday)	IF UND	DER 1 YEAR B DAYS		24 HRS. MIN.	7. DATE OF B (Month, Day 08-24	18TH 1 - 0 4	ļ	8. BIRTHI Country SO.	PLACE (State or Foreign Carolina
9e. FACILITY NAME (# not in		treet and number)			9b. Cl	TY, TOWN	OR LOCATI	ON OF DE				INTY OF DE	
Suburban		ital					Beth	esd	a		Мо	ntgo	mery
10a. STATE	10b. COUNT	r		10c. CIT	Y, TOWN	N OR LOC	ATION						10d. INSIDE CITY LIMITS?
Maryland	Moi	ntgomer	У		Cab	_	John						1 XYES 2 NO
100. STREET AND NUMBER 7 Carver	Poad					1	101. ZIP COD						HAT COUNTRY?
11. MARITAL STATUS	Road	12. WAS DECEDEN	IT EVER IN U.S. AI	RMED	1	3 WAS D		818 E HISPAI	HC ORIGIN? (Sp	sacify Yee		SA 14 BACE	- American Indian.
1 Never Married 200			YES 2X			If yes,		n, Mexica	n, Puerto Ricen			Black	y: Black
15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)	10	CEDENT'S	work don	ne durina i	TION most of workli	ng		o of Bus			No
Elementary/Secondary (0	12)	College (1-4 or 5	+)	lder		2.)				ip B			Naval
17. FATHER'S NAME (First, M	liddle, Last)		1				18, MOT	HER'S NA	ME (First, Middle				
Lonnie Sw	redenl	ourg					M	inn	ie Rov	ve			
190. INFORMANT'S NAME (1		s (Daug							Route Number, C Circle				MD 20794
20a_METHOD OF DISPOSIT 1	n 3 🗆 Rem	oval from State	20b. PLACE Other R Park	of dispo- lece) Lawn	ытіон (Ме	(Name of c	cemetery, crer	netory or Parl	k			City or Ton	
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSE	0		2	SNO	AND ADDRE	SS OF FA	CILITY VERAL				
23. PART L Enter the d	iseases, or	omplications the	it caused the d	eath. Do	not ent								ville, Md
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Carcinoma of Prostator possible)												
resulting in death)	7		(OR AS A CONSE			1	2011	ne	Danie	7	Re	in.	-
Sequentially list condit	ions.	u	tatic			3	1	-02	wit	111	110	1	-
if any, leading to imme cause. Enter UNDERLY		DOE TO	(UH AS A CONSE	OUENCE O	rej:								
CAUSE (Disease or injuthat initiated events		C. DUE TO	(OR AS A CONSE	OUENCE O	F):								
resulting in death) LAS	T L	d											-
PART II. Other significa	ant condition	ns contributing to	death but not	resulting	in the	Underly	ing csuse	given in	Part i. 24e	. WAS AN		24b.	WERE AUTOPSY FINDINGS
Bely	rlea	lin,	rode	-		-			10	LYES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
se	ner	chron	vi a	lel	u	clu	e le	4	luci	2.2			1 TES 2 NO
mo	ilne	elutio.	r					1					
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:	7 5040		ОТН	IER:			neck only one)				
1 YES 2 NO		1 Impatient 2	FINJURY	28b. TIR	WE OF	26c.	INJURY AT	esidence	6 Other (Sp 28d. DESCRI		NJURY O	CCUREO	
	Pending Investigation	(Month, I	Day, Year)	iN	JURY M		WORK? YES 2] NO					
2 Accident 3 Suicide 6 4 Homicide	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)												
29a. CERTIFIER (Check only (Ch													
one)	HCAL EXAMIN	ER: On the basis of	examination and/or	investigati	lon, in m	ny opinior	n, death occu	red at the	ilme, date and	place, en	d due to	the cause(e) and manner as stated.
29b. SIGNATURE AND TITLE	E OF CERTIFIE	ER ,					29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Dey, Year)
me	n	ma	- 171).			0-	2/6	62			5/	4/40
30. NAME AND ADDRESS OF	PLIA	N ST.	Roc	(C)	e, Print)	P	10)	208.	53			
31. DATE FILED (Month, Day, View) 31. REGISTERA SIGNATURE MAY 1 0 '90 Funia Davidson-Randelle													

3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

1 X YES 2 NO

White

8. BIRTHPLACE (State or Foreign

Maryland

Baltimore

10g, CITIZEN OF WHAT COUNTRY?

Specify:

20c. LOCATION — City or Town, State

PERFORMED?

21784

U.S.A.

14. RACE — American Indian, Black, White, etc.

21401

Approximete Interval Between

24b. WERE AUTOPSY FINDINGS

1 YES 2 NO

29d, DATE SIGNED (Month, Day, Year)

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Onset and Death

10

9c. COUNTY OF GEATH

1:40P M

FOR

1 -

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

29b. SIGNATURE AND IJILE OF CERTIFIER

31. DATE FILED (Month, Day, Year) 90

200/07

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Andreas

OR ATTENDING PHYSICIAN: The law requires that the death certificate be has been s Dept. of H this certificate ha OIRECTOR; After the hours after death v FUNERAL (within 72 h HOSPITAL

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2

DIVISION

Shifflett Leon A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Aug. 27, 1911 1 M 2 - F 16 HOURS MIN 78 215-18-2580 Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH Baltimore Co.GenHospital Randallstown DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Baltimore Randallstown Maryland permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE Liberty Road 21133 use as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicon, Puerto Ricen, etc.) 11. MARITAL STATUS 1 Never Merried 2 Merried 1 TYES 2 X NO Specify: BY 3 Wildowed 4 Divorced WW II COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe ٥ Elementary/Secondery (0-12) College (1-4 or 5+) detached 8 yrs. none Carpenter 17 FATHER'S NAME (First Middle Leet) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) John William Shifflett Shirley Koontz otified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 Lester L. Shifflett 1137 Woodlyn Road Annapolis, Md. 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Westminster Cemetery Westminster, Maryland 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burrier Funeral Home Winfield, Maryland exam medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart feilure. Liet only one cause on each line. IMMEDIATE CAUSE (Fine) the disease or condition Cardiac standatell event, resulting in deeth) lochemic heart disease traumatic CERTIFICATION Sequentielly liet conditions. DUE TO (OR AS A CONSEQUENCE OF): If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury or other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST Injury, PART II. Other eignificent conditions contributing to deeth but not reculting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY MEDICAL vaccular disease any 1 ☐ YES 2 ☐ NO Shows 8 Chronic obstructive pulmonaur disense PHYSICIAN: Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER?

1 YES 2 NO HOSPITAL: OTHER: 1 V Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 6 Other (Specify) 10 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED marked, 1 V Natural 5 Pending 1 YES 2 NO ВY Investigation 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28 is 6 Could not be determined COMPLETED MPORTANT: It Item 29e. CERTIFIER

(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

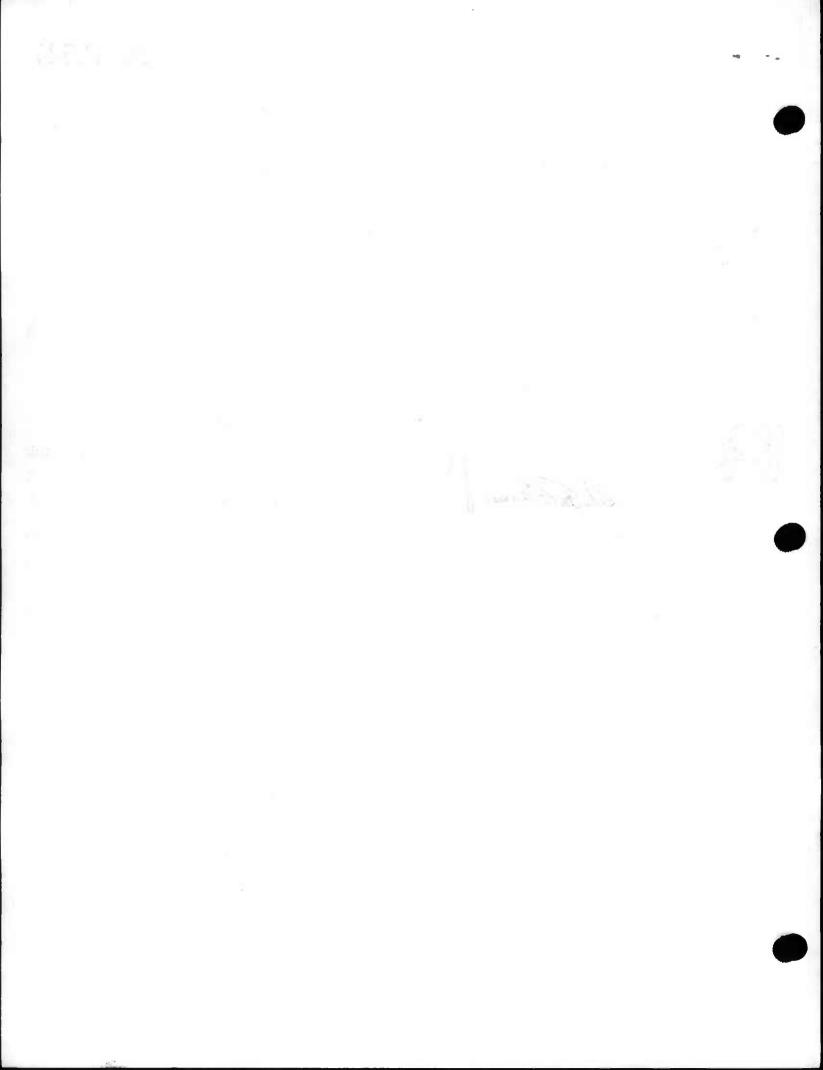
2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end manner as stated.

29c. LICENSE NUMBER

2. DATE OF DEATH MONTH,

DHMH-16 Rev 1/89

13/90



ital or attending physician. 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	AM.	S be	ept.	23	
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 🛤	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be no	

31. DATE FILED (Month, Day, Year)
MAY 15 '90

	FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENTA	AL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH		20	3. TIME OF DEATH
	James Carlto	n Sier							Ma		1990	YEAR	4:20 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH		S. BIRTH	PLACE (State or Foreign
ì	215-14-1569	1.₹ M 2 □ F	72	YRS.	2.	DAYS 7	HOURS	MIN.		.5,19			yland
~	9e. FACILITY NAME (If not institution, give st				9b. CITY		OR LOCATI				9c. COUN		
ō	2705 Flag Marsh	1 Road				M	t. I	liry	7		C	arr	011
5	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION						-			10d. INSIDE CITY
DIRECTOR	Maryland Ca	arroll		Mt. Airy								LIMITS?	
FUNERAL	100. STREET AND NUMBER 2705 Flag Marsh	n Road		101. ZIP CODE 21771							U.S	·A.	
FUN	11. MARITAL STATUS 1 Never Merried 2 Merried	FORCES?	IT EVER IN U.S. AF	NO If yes, specify Cuban, Mexicon,				en, Puerto		or No-	Black	— American Indian, c, White, etc.	
B√	3 Widowed 4 Divorced	IF YES, GIVE	MAN ON DATES		1 YES 22 NO Specify: Specify:						White		
0	15. DECEDENT'S EDUC				USUAL O				10	b. KIND OF BUS	SINESS/IND	USTRY	
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Ma	ive kind of . Do NOT u	work done ise retired.)	during mo	st of worki	ng					
COMPLETED	7 yrs.	none	"	Tra	ckm	an			В	&0 Ra	il R	oad	
ON	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First	Middle, Malden	Sumame)		
	Claude Daniel	Sier					Ne	tti	e B	. Perl	kins		
BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	G ADDRES	S (Street e	and Numbe	r or Rural	Route Nu	mber, City or Town	n. Stete. Zip	Code)	
2	Lillian D. Sier 2705 Flag Marsh Rd. Mt. Airy, Md. 21771												
	20g, METHOD OF DISPOSITION 1 Description Memory Memor	oval from State	PLACE other pi	OF DISPO	vet	eme of cer	metery, cree	matory or			cation – c		wn, State , Maryland
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENGLE	11				ND ADDRE		CILITY	1			711012 / 10110
	Burrier Funeral Home Winfield, Maryland 21784												
	23. PART I. Enter the diseases, or o	complications the	at caused the de	ath. Do	not antai								Approximeta
	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Brain Cause (afternation).												
_	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, If any, leading to immediata b. DUE TO (OR AS A CONSEQUENCE OF):												
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	cause. Enter UNDERLYING											
Ē	that initiated events	DUE TO	OR AS A CONSE	QUENCE (OF):								
8	resulting in death) LAST	d											
	DARW II Other steelile et es diste		4-14-5-1-1										
¥.	PART II. Other algnificent condition	s contributing to	o death but not	resulting	in the u	nderiyin	g cause	given in	Part I.	24a. WAS AN PERFOR		246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
50										1 YES 2	□ NO		OF DEATH?
M													1 TYES 2 NO
ä													
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			CTUE		LACE OF I	DEATH (C/	heck only	one)			
S	1 TYES 2 NO		☐ ER/Outpetient :	3 🗆 DOA	4 Nu		ne 5 🗆 R	lesidence	8 🗆 01	her (Specify)			
PHYSICIAN: MEDICAL	27, MANNER OF DEATH 1 Natural 5 Pending	28e. DATE O (Month,	F INJURY Day, Year)	28b. Til	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. D	EŞCRIBE HOW I	NJURY OCC	CURED	
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined									CATION (Street ty or Town, Stete)		or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner as stated.												
8	1011	-			wit, at my	ориноп, (ne end place, er			
BE	29b. SIGNATURE AND TITLE OF CENTIFIE	10	a					264			29d. DAT	SIGNET	(Month, Day, Year) 4-90
2	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAL	ISE OF DEATH ATE	M 27) /3m	a Delect		1						

John State Stormer

DNMN-16 Rev 1/89

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutiled at once.

	1. DECEDENT'S NAME (First, Middle, Las	1)						2. DATE DE				3. TIME OF DEATH	
	MAMIE	c. S	WANSO	Mo				MAY	DA		1990	3:15 AM "	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1 YE	AR IF UND	ER 24 HRS.	7. DATE OF	BIRTH		8. BIRTH	IPLACE (State or Foreign	
	218-30-8591-M	1 - M 2 X F	87	YRS.	7 2	YS HOURS	MIN.	(Month, D		2	Countr	"	
	9a. FACILITY NAME (If not institution, give		0 /			WN DR LOCAT	TION DE DI	,	0		NTY DF D	yland	
œ	Golden Age Go				,	Kesui'		-AIII			arr		
DIRECTOR	RESIDENCE OF DECEDENT	5641 7151			39	KC30.	110				WALL	011	
EC	10a. STATE 10b. COUR	ITY		10c. CITY	, TOWN DR L	OCATION						10d. INSIDE CITY	
6	MARYLAND C	MRROLL			SYKE	FSUZU	LE					1 YES 2 NO	
	10e. STREET AND NUMBER					10f. ZIP CO				10g, CIT	IZEN DF V	VHAT COUNTRY?	
FUNERAL	1442 Bucks	torn R	CAD			21	784			- (1.5.	Α.	
Z	11. MARITAL STATUS		NT EVER IN U.S. AF	RMED	13. WAS			NIC DRIGIN? (Specify Yes			- American Indian,	
	1 Never Married 2 Married	FORCES?	1 YES 2 X		If yo	s, specity Cul	an, Maxica	n, Puerto Rici		01 110	Black	c, White, etc.	
B	3 Widowed 4 Divorced	IF YES, GIVE	WAR DR DATES		1 ''	YES 2 K) Specif	y:			Speci	"HITE	
9	15. DECEDENT'S E	DUCATION	16e. DE	ECEDENT'S	USUAL OCCU	PATION		16b. KI	ND OF BUS	INESS/INI		, , ,	
E	(Specify only highest gra Elementary/Secondary (0-12)	de completed) College (1-4 or 5	Alder Alder	live kind of w Do NOT us	rork done durir. e retired.)	g most of worl	king	1000					
급	6 yrs.	none).	tous	EWIF	-6							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					_	THER'S NA	ME (First, Mid	dla Maidan	Sumamal			
Ö	Edwin S. Con	awav						Pick		ournarray			
BE	19a. INFORMANT'S NAME (Type/Print)	a wa j	L	L HAR MIO	ADDRESS (0)		-	Route Number,		Dec. 100			
0	Emil E. Swan	200											
		son										and 21797	
	20g. METHOD OF DISPOSITION 1 (2) Burlal 2 Cremation 3 He	movel from State	gt or of	lace)		of cemetery, cri	,				City or To		
	4 Donation 5 Other (Specify)	- A -	110.61	neze	_	etery	·		Wir	irie	Ιd,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Burrier Funeral Home												
	16 Min	150 in	ues,		I B	urrie	er F	unera Mary	land	ome 3 2	178	4	
	23. PART I. Enter the diseases, o	r complications th	et coused the de	eeth. Do n								Approximate	
	ahock, or heert feilur	e. List only one ca	use on each line	e.								interval Between	
	IMMEDIATE CAUSE (Final disease or condition												
	disease or condition a. Coss Mid was a close Due To (OR AS A CONSEQUENCE DF):												
		Sequentielly list conditions, If any, leading to immediate Due to (or as a consequence of): Due to (or as a consequence of):											
CERTIFICATION	Sequentielly list conditions,	b. Due T	COUNTY A	POLICE OF	aller 1	geme	1. Ver						
F	if any, leading to immediate cause. Enter UNDERLYING											i I	
윤	CAUSE (Disesse or injury		O (OR AS A CONSE										
Ē	that initiated events resulting in deeth) LAST	(21	40.0	Wa DO a	- /2	Me. V						i I	
山山		d	county	mysea	ex reg	aux							
	PART II. Other significent conditi	ons contributing t	o death but not	resulting i	in the under	lying couse	given in	Part I. 2	4a. WAS AN		24b	. WERE AUTOPSY FINDINGS	
MEDICAL									PERFOR			AMILABLE PRIOR TO COMPLETION OF CAUSE	
				·				1	YES 2	N ND		OF DEATN?	
												1 TYES 2 NO	
Ž													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	8. PLACE OF	DEATH (C)	neck only one)					
YS	1 TYES 2 ND	1	☐ ER/Outpetlent :	-	4 Nursing		Residence	8 Other (S					
H	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE C (Month,	Day, Year)	28b. TIM	E OF 28	WORK?		28d. DESC	RIBE NOW I	NJURY OC	CURED		
BY	2 Accident Investigation	n			M 1	YES 2	□ NO						
	3 Suicide 6 Could not I	28e. PLACE building	DF INJURY — At he g, etc. (Specify)	ome, farm, s	street, fectory,	offica			ON (Street a		r or Rural I	Route Number,	
	4 Nomicide detarmined												
COMPLETED	29a. CERTIFIER (Check only	YSICIAN: To the best	of my knowledge, d	eath occurre	ed at the time	data and pla	ce. and due	to the cause	(a) and may	oner as str	ted.		
Ž	onel											e) and manner as stated.	
8													
BE	296. SIGNATURE AND TITLE OF CERTIF	TEN .				_ \	CENSE NU			29d, DA	TE SIGNED	(Month, Day, Year)	
0	1 Timel	V/0				10	ZOFO	6		5	5/11	180	
	30. NAME AND ADDRESS OF PERSON							0		-			
	1425 LIBOR	TY KD	ELDORSS	URG. M	m) 2	1784	/	ATRICI	x /U/	energ	MO)	
	31. DATE FILED (Month, Day, Year)	90 32. REGISTS	PARIS SIGNATURE	doon-h	andelle								
	WHA T T	30	d										

M. J. Filler

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: It tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

WAY 1 1

,90

	1 - FOR STATE REGISTRAR	STATE OF MARYLA			TMENT OF H		MEN	TAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF DEATH			3. TIME OF DEATH
- 8	Ruth Lenore S	tufft						104 9		YEAR	4:00 AM
a 1	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (III	n yrs. last b	oirthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. D	ATE OF BIRTH		B. BIRTH	PLACE (State or Foreign
1	213-74-4393	1 - M 2 - F 87	7	YRS.	MONTHS DAYS	HOURS MIN.	7-	13-190	2	Im	ler,Pa.
,	9e. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TOWN C	R LOCATION OF	DEATH		9c. COU	NTY OF D	
DIRECTOR	1821 Old West	minster Pil	ce		West	ninste	r		C	arr	oll
EC	10e. STATE 10b. COUNT	Υ		10c. CITY	, TOWN OR LOCAT	ION					10d. INSIDE CITY LIMITS?
F	Maryland Ca	rroll		We	stmins	ter					1X YES 2 NO
AL	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL	1821 Old West	minster Pik	6			21157				U.S	.A.
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARME	ED	13. WAS DEC	ENDENT OF HISP	ANIC OF	RIGIN? (Specify Yes	or No—		E — American Indien,
	1 Never Merried 2 Merried	FORCES? 1 YES				2 NO Spe		erto Rican, atc.)		Speci	k, White, atc.
ВУ	3 XWidowed 4 Divorced										" White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(Glve	kind of w	USUAL OCCUPATION	ON st of working		16b. KIND OF BUS	SINESS/INC	YHTZUK	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		NOT us	cher			Scho	7		
MP	12	4		reac	:uer						
	17. FATHER'S NAME (First, Middle, Last)	77						A Exl			
BE	John A. Cri	TIY									030-45
5	Anita M. Strau	me						Number, City or Tow			21157 inster, Md.
	20a, METHOD OF DISPOSITION 1 [XBurlel 2] Cremetion 3] Rem	20b.	PLACE OF	FDISPOS	ITION (Name of cer	netery, crematory o	4	20c. LO	CATION -	City or To	own, State
	4 Donation 5 Other(Specify)	Hovel from State	ver	gre	en Memo	rial (Jar	dens I	ink	sbu	rg, Md.
	21. SIGNATURE OF FUNERAL PERVICE LY	CENTRE)			22 NAME AL	D ADDRESS OF	FACILITY	otobon	0. 0	1	D 11
	() 9) - 104	1			\$25°	Hinst	va i	etcher n _M dtre	257	on .	r.H.
	23. PART I. Enter the diseases of	complications that caused List only one ceuse on as	the daet	th. Do n							Approximata Interval Batween
	IMMEDIATE CAUSE (Final										Onset and Desth
	disease or condition resulting in death)	ASCUD)								Syn
		DUE TO (OR AS A			-						,
Z	Sequentially list conditions,	a Hyper	tans	100	\						442
E	If any, leading to immediate	OUE TO (OR AS A	CONSEQU	JENCE OF	ን:						1
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	c									
F	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQU	JENCE OF	7):						1
H		d	-								
AL 0	PART il. Other algnificent condition	ne contributing to death be	ut not res	suiting i	n tha underlyin	g causa given	in Part	1. 24a. WAS AN		248	. WERE AUTOPSY FINDINGS
								1 TYES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE
9								1 1 123			OF DEATH? 1 YES 2 NO
≥											I L TES 2 L NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			_	26. PI	ACE OF OEATH	Check o	nly one)			
SIC	EXAMINER?	HOSPITAL: 1 inpatient 2 ER/Outpi	etlant 3.F	DOA	OTHER:						
ΗX	27. MANNER OF DEATH	28e. DATE OF INJURY	-	28b. TIM		URY AT	_	. DESCRIBE HOW I	NJURY OC	CURED	
	1 Natural 5 Pending	(Month, Day, Year)		INJ	M 1	PRIC?					
BY	2 Accident Investigation 3 Suicide 8 Could not be	284. PLACE OF INJURY	— At hom	e, farm, s	street, factory, offic	0	281.	LOCATION (Street		r or Rural	Route Number,
COMPLETED	4 Homicide determined	building, etc. (Spec	elly)					City or Town, State)			
Ē	290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my knowl	ledge, dest	h occum	ed at the time, date	and place, and o	lue to th	e cause(s) and ma	nner ee ete	ted	
M		ER: On the basis of exemination									e) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE		0	- 111.				2010/10/10/10			
H	(1) 101, 4-	A augh	. D	MIN	\	29c. LICENSE N			29d. DAT		(Month, Dey, Year) 9-90
9	30, NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	ATH (ITEM	27) (1621	Print)	DO 938	9		1 3		1 10
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (NIPM PHIN) Villiam R. O'Rourke, M.D. 150 W. Main Street, Westminster, MD 21157										

32. REGISTORIES SIGNATURA JAMES

03-3146

BALTIMORE, MAR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CE	RTIF	CATE OF	DEATH	REG	NO.					
- 4	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEA			YEAR :	3. TIME OF DEATH		
- 1	GLENN EUGEN	E. S	TOUL	FER		May	15,	19	90	9:10 P M		
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs, last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	rH barl		8. BIRTINPI	LACE (State or Foreign		
	217-14-4196 1 M 2 D	3F 68	YRS.			DEC. 26		-	PENN/			
DIRECTOR	Garrett County Memoria			Oaklar	nd	ATH			rrett			
E	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TON				1	IOd, INSIDE CITY		
	MARYLAND ALLEGANY		CUI	BERLAND					1	LIMITS?		
FUNERAL	100. STREET AND NUMBER 406 GOETHE STREE			101	21502			10g. CITI	U.S.	.A.		
BY	1 Never Married 2 Married FORCES	CEDENT EVER IN U.S. ARIA 7 1 X YES 2 NO BIVE WAR OR DATES WW11	MED O	If yes, sp	ENDENT OF NISPAN ecity Cuban, Maxical 2 XNO Specify	n, Puerto Rican, e						
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DEC		USUAL OCCUPATION		16b, KIND (OF BUSIN	IESS/IND		WILLIE		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) I/ABORER CONSTRUCTION									7		
	17. FATNER'S NAME (First, Middle, Last) CHARLES MELVIN S'	TOUFFER			16. MOTHER'S NA	ME (First, Middle, A CE MARTH			(RD			
BE	19a. INFORMANT'S NAME (Type/Print)	19b.	MAILING	ADDRESS (Street a	and Number or Rural F	Route Number, City	or Town.	State, Zio	Code)			
2	EVELYN STOUFFER	40)6 G(ETHE ST	REET CUME	BERLAND	MAR	YLAN	D 2	21502		
	20a. METHOD OF DISPOSITION 1 Strict Burial 2 Cremation 3 Removal from Sta 4 Donation 5 Other (Specify)	ite other plac	ce)	Name of cer	netery, cremetory or S CEMETER				City or Town			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	INOCKI	GAP	22. NAME A	D ADDRESS OF FAI	CILITY	THM	ISIU	NE RE	(1)		
	Dale L. V.	eritt		SILCO:	NO ADDRESS OF FAI X-MERRITI ECATUR ST	FUNERA	L HO	OME RLAN	ID. MA	ARYI AND		
	23. PART I. Enter the diseases, or complication abook, or heart failure. List only on	e that coused the des	th. Do r							Approximate		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Pneu	ımonia								Interval Between Onset and Death		
Z	Sequentially list conditions, Due to (or as a consequence of): Chronic Obstructive Pulmonary Disease Due to (or as a consequence of):											
CERTIFICATION	onuse Enter INDERIVING											
TIF	triat intrates events	eroscleroti			ular Dis	ease						
5	d. Cong	gestive Hea	rt F	ailure								
A	PART II. Other eignificent conditione contribution	ng to death but not re	sulting	in the underlyln	g ceuse given in	Part I. 24s. W	AS AN AI			WERE AUTOPSY FINDINGS		
DICAL	S/P Right Lobector	y 2° Lung	Canc	er			YES 2			COMPLETION OF CAUSE OF DEATH?		
ME	Seizure Disorder									T YES 2 NO		
N.	Organic Brain Synd	rome										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetion	iL:	□ pos	OTHER:	ACE OF DEATN (Ch							
H	27. MANNER OF DEATH 28s. DA	TE OF INJURY	28b. TIM	E OF 28c. IN.	URY AT	28d. DESCRIBE		JURY OC	CURED			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	onth, Day, Year)	INJ	M 1	YES 2 NO							
	3 Suicide 28e. PL	ACE OF INJURY — At hon liding, atc. (Specify)	ne, ferm, :	street, factory, offic	•	28f. LOCATION (City or Town,		d Number	or Rural Ro	ute Numbec		
COMPLETED	29e. CERTIFIER (Check only one) 1 🔀 CERTIFYING PHYSICIAN: To the best one) 2 🗌 MEDICAL EXAMINER: On the best									and manner as stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER)	1 1			29c, LICENSE NUM					Month, Day, Year)		
) BE	Darld R. Rid	to vas	,		D300			>	05-1			
2	Donald R. Richter, M.				land ,MD	21550						
	31. DATE FILED (Month, Day, Year) 2 32. REG	STRAR'S SIGNATURE		.oro oak	Land , FID	21330						
	WAY 1 7 1990 January	WAY 1 7 1990 And Andrew Marketon Marketon Marketon										

5		notif
B		pe
diam'r.		must
100	death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
60	ir remova	nedical
	n. 0	9
-	rematic	ent, th
	burial, o	rtic ev
	r to	пш
300	Dug	r tra
8	ygiene	othe
	프	0.
9	Меш	nlun
	and	Au
2	Health	WE 3
-	o.	Sho
200	Dept	23
Call	State	Item
1000	the	0
CILI	with	rked
10117	death	E ma

								50 1453			
	FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AND N F DEATH	MENTAL HYGIENE REG. NO.					
	1, DECEDENT'S NAME (First, Middle, Lest)		-			2. DATE OF DEATH MONTH DAY	YEA	3. TIME OF DEATH			
			James	STRA	ΙΤ	May 13	1990	11:44 AM			
		SEX 6, AGE (II	n yrs. last birthday) 75 YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) NOU. 16	Co	RTHPLACE (State or Foreign buntry)			
	9a. FACILITY NAME (If not institution, give street	t and number)	, -	9b. CITY, TOW	N OR LOCATION OF DE		9c. COUNTY O				
20	FYANKI'N Squa	re Hospi	tal	B2/7	Fimore	Md	Balt	imore			
DIRECTOR	10a. STATE 10b. COUNTY	1/-()	10c. CIT			enway 50	outh	10d. INSIDE CITY LIMITS?			
	Md /5 a	1/timore		[] 41	TIMOTE	ma,	100 CITIZEN C	1 ☑ YES 2 ☐ NO DF WHAT COUNTRY?			
FUNERAL	40 Fenway.	South			2122	.(11.7	, S, A			
IF YES, GIVE WAR OR DATES 1 ☐ YES 2 5 NO Specify: Specify:											
100		W.W.II						white			
	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON mpleted)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during	ATION most of working	16b. KIND OF BUS					
COMPLEIE	Elementary/Secondary (0-12)	College (1-4 or 5+)	do .	i Nis	7	Black	t * D	ecker			
- 1	17. FATHER'S NAME (First, Middle, Last) Thurmal	5+	rait		16. MOTHER'S NAI	ME (First, Middle, Maiden S	Sumame)				
O BE	19a. INFORMANT'S NAME (Type/Print)	9 /		ADDRESS (Street		Toute Number, City or Town	, ,,				
2		rait			+			Nd, 21221			
	20a. METHOD OF DISPOSITION 1 pd Burial 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) S,* / B Z M Cemetery Hay risonuile P2										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SIPES FUNEYEL HOME INC											
	> Houard 7	P Syses	,	142	PES ME	Juille P	a 17	228			
	23. PART I. Entar the diseases, pr con shock, or heart failure. Lis			not enter the	mode of dying, suci	h as cardisc or respi	ratory arrest,	Approximata Interval Between			
	IMMEDIATE CAUSE (Final disease or condition							Onset and Death			
ŀ	resulting in death) a	Cardiac DUE TO (OR AS A	CONSEQUENCE	le PD:							
2											
2	Sequentially list conditions, if eny, leeding to immediate	Myocardi oue to (or As A	CONSEQUENCE	F):							
RIFICATION	cause. Enter UNDERLYING CAUSE (Diseese or injury	Acute M	yocardia	1 Infai	rction						
=	that initiated events resulting in death) LAST	00E 10 (0R AS A	CONSEGUENCE	·-).				į			
<u> </u>	d										
A.	PART II. Other significant conditions	contributing to death b	ut not resulting	In the underly	ying ceuse given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
EDICA						1 🗆 YES 2	□ NO	OF DEATH?			
Σ						-		1 NES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL			26	L PLACE OF DEATH (Ch	ack only one)	}				
	EXAMINER?	HOSPITAL:	patlant 3 DOA	OTHER:	forme 5 - Residence						
È	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Ybar)	26b. TII		INJURY AT	28d, DESCRIBE HOW II	NJURY OCCURE	ED .			
	1 Netural 5 Pending 2 Accident Investigation	(Moran, Day, rear)			WORK? YES 2 NO						
ED B	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJURY building, etc. (Spec		street, factory, o	office	28f. LOCATION (Street a City or Town, State)	and Number or Ru	ural Route Number,			
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of my know	riedge, death occur	red at the time, o	data and place, and due	to the cause(a) and man	nner as stated.				
COMPLE	one)							use(e) and menner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	MA			29c. LICENSE NUI	MBER	29d, DATE SIG	BNEO (Month, Day, Year)			
5	- Janjel	COMPLETED CAUSE OF DE			NA		Ma	v 13 1990			

Square Drive Baltimore, Maryland 21237

9000 Franklin Sq 1000 Registrates Schatture

Joyce

MAY 24

31. DATE FILED (Mon

E INSER

Let Victor et al.

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be mained by the hospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, sage is should be detached for use as the burnal-training prior to burlal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Ι,	I. DECEDENT S NAME (First, MICOR	e, Lasty								MONTH	DA	Y .	YEAR	TIME OF DEATH
	Bettye R		Smit							4	29		90	6 15 P M
	4. SOCIAL SECURITY NUMBER 218-16-6707		SEX 6	. AGE (In yrs	s. last birthday)	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF (Month, D	sy, Year)	, .	Country)	ACE (State or Foreign
Ì	218-16-6707 1 May Exist 66 YRS. MARY I MAY 20,1924 MARY I 96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH													
ξ	_	Hosp					ast						lbot	
DIRECTOR	RESIDENCE OF DECEDE	COUNTY	72.002		L 400 CIT	Y, TOWN C						10		0d. INSIDE CITY
			ጥፑር			' NEW							- 0	LIMITS?
- 11	MARYLAND DORCHESTER E 100. STREET AND NUMBER				ĮĽAS I	INEW		ZIP COD	E			10g. CITI		AT COUNTRY?
	THOMPSONTOWN R	ROAD						21	631			U	SA	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.										IIC ORIGIN? (or No-	14. RACE -	- American Indian, White, etc.
	1 Never Merried 2 Merrie 3 Widowed 4 Divorced	ed	FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES, GIVE WAR OR DATES 1 YES 2 NO Specify:				- 1	Specify:						
	15. DECEDENT			16a	. DECEDENT'S	USUAL O	CCUPATIO	N .		16b. KJ	ND OF BUS	INESS/IND	USTRY	WILLE
<u>.</u>	(Specify only highe Elementary/Secondery (0-12)		pleted) pllege (1-4 or 5+)	\dashv	(Give kind of work of life. Do NOT use reti		done during most of working tired.)							
COMPL			8		NURS	ING				H	EALTH	CAR	E	
3	17. FATHER'S NAME (First, Middle, I	·						51 11		ME (First, Mide		Sumame)		
8	ROSS ELLONS SM				405 MAII INC	ADDRES	R /Stmat a			E CRA		Otata Tin	Cordo	
2	JAMES C. SMITH									IEW MA				
	20a. METHOD OF DISPOSITION			20b. PL	ACE OF DISPO					LEW THE	7		City or Town	
	4 Donellon 5 Dather (Speci	2 Cremelion 3 Removal from State off			er place) T NEW						EAST	NEW	MARK	ET,MD
21. SIGNATURE OF FUNERAL SERVICE USENSES 22. NAME AND ADDRESS OF FACILITY ZELLER FUNERAL HOME														
	Renard	1	-ger	en	-					ET, M		31		
9	23. PART I. Enter the disease shock, or heart f	es, of com	plications that o	ceused the	e death. Do	nDt antai	r tha mo	da of dy	ing, suc	h aa csrdla	or respi	ratory arr	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel					,								Onset and Death
	disease or condition resulting in death)	a	Pulma,	VARY	emb	1/45								
,			SCPS IS				011	sher	229					Zules
2	Sequentisity list conditions, if any, leading to immediate							1000	33					Zules 3 whs
HILICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	d a_	bowe DUE TO GO	(06	5 Mic	tion	ion					345		
⇟┃	thet initiated events resulting in death) LAST		polyc											
		d					_						_	
Ä	PART II. Other algoriticent co						ndariyin	g cause	given in	Part I. 2	Ia. WAS AN PERFOR		1	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO
EDICAL	- FRACTURE MINUTAT	righ	+ Ampi	ALATI	500	mp				1	YES 2	KNO		COMPLETION OF CAUSE OF DEATH?
Ž	MINUTAT	10h								— I			1	I NES 2 NO
AN	25. WAS CASE REFERRED TO MED	DICAL					26. PI	ACE OF I	DEATH (Ch	neck only one)				
SIC	EXAMINER?		OSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHE 4 - Nu		10 8 🗆 R	lesidence	8 Other (S	Specify)			
PHYSICIAN	27. MANNER OF DEATH		28a. DATE OF II (Month, Day		28b. TII	WE OF		URY AT		28d. DESCR	IBE HOW I	NJURY OC	CURED	
2	1 Natural 5 Pendi 2 Accident Invest	ing tigation				М		YES 2	□ NO					
	3 Suicide 8 Could 4 Homicide deler	not be	28e. PLACE OF building, a	ic. (Specify)	At home, farm,	street, fac	ctory, offic	•		28f. LOCAT	ON (Street a Town, State)	and Number	or Rural Ro	ule Number,
	29a. CERTIFIER	IC BUVEIOU	No To the best of a			4 4 4 4								
COMPLE	one)		N: To the best of m											and manner as stated.
- 1	29b. SIGNATURE AND TITLE OF C								ENSE NU					Month, Day, Year)
BE	Mulael	170	Lmo					B	23	1862		D 4	1/29/	90
2	30. NAME AND ADDRESS OF PER	SON THO C	OMPLETED CAUSE	OF DEATH	- (3	,						1 4	
	MICHAEL V	/ Pu	HOR H	20		inter	h mo.	25	LA	re	E151	av/	nd 2	1601
	31. DATE FILED (Month, Day, Year) MAY 1 ()	'90	32. REGISTRAR	S SIGNATU	dson-Par	ndelle								
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7	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phys	2	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat	2	8	3

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2. DATE OF DEATN 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN April 28, 1990 2:10 A m James Albert Stansbury S. BIRTNPLACE (State or Foreign A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH 14-49 1 M 2 F DAYS HOURS VRS BARCLAY-9e. FACILITY NAME (If not institution, give street end number) ec. COUNTY OF DEATH, 95 CITY TOWN OR LOCATION OF DEATH Kent and Queen Annes Hospital, Chestertown Inc DIRECTOR RESIDENCE OF DECEDENT 10b, COUNTY 10c CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY BAR 1 YES 2 HO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? for ZIP CODE 216 USU 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS If yes, specify Cuberi, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify BY 3 Widowed 4 Divorced Slac COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retiped.) (Specify only highest grade comp Elementary/Secondery (0-12) College (1-4 or 5 +) Steuch 17, FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19e. INEORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number Rural Route Number, City or Town, State, Zip Code) 200. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State ■ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate shock, or haert feilure. List only one cause on each line. Intarval Batween Onset and Death IMMEDIATE CAUSE (Finel diseese or condition_ CHRDTO RESPECTORY ARREST DUE TO (OR AS A CONSEQUENCE OF): reculting in deeth) PUENTO NETA PHYSICIAN: MEDICAL CERTIFICATION Sequentially liet conditions, TO (OR AS A CONSEQUENCE OF) If eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury HEART PAILURE ONG B SOTINE DUE TO (OR AS A CONSEQUENCE OF): that initiated events BNAL resulting in death) LAST PART II. Other significant conditions contributing to death but not recuiting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE WEBNOD 1 YES OF DEATH? 1 YES 2 NO 25 WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 OTHER: itient 2 - ER/Outpatient 3 - DOA me 5 🗆 Residence 6 🗆 Other (Specify) 28e. DATE OF INJURY 27 MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Naturel
2 Accident INJUR 5 Pending 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be 4 Nomicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated. MEDICAL EXAMINER: On the basic of exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner as a 29b. SIGNATURE TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS ERSON WNO COMPLETE CAUSE OF DEATN (ITEM 27) (Type, Print) 31, DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Julia Vairton Randon

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MAY

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMN-16 Rev 1/89

he hospital or attending physician.	detached for use as the burial-transit permit, Pages 1, 2, 3 should	new once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within a reduction after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction. The find within 72 hours after death with the State Dent, of Health and Mental Hydele prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be also

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF STATE OF REGISTRAR			ENT OF H		MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	v veta	3. TIME OF DEATH	
	ELIZABETH D.	SAI	NDS			May 10		10:50 P M	
1	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRT	THPLACE (State or Foreign	
	216-40-4727 1 □ M 2 🛭 9a. FACILITY NAME (if not institution, give street and number)	5-40-4727 1 M 2 X F / 6 YRS.				12 06 13 Maryland			
DIRECTOR	Route 4, Waverly		East	n	1	Talbo	ot		
EC	10e. STATE 10b. COUNTY	OWN OR LOCATI	ON			10d. INSIDE CITY			
5	Maryland Talbot	41	Easton			1 YES 2 X NO			
	10e. STREET AND NUMBER	101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?				
E	Route 4, Waverly			2	21601		U.S.	Α.	
FUNERAL	FOROTOR	DENT EVER IN U.S. ARM				IC ORIGIN? (Specify Years, Puerto Rican, atc.)	or No- 14. RA	CE — American Indian, ick, White, atc.	
ВУ		E WAR OR DATES			2X NO Specify		Specify:		
	15. DECEDENT'S EDUCATION	180 DEC	CEDENT'S US	IAL OCCUPATIO	N	16b. KIND OF BUS		nite	
COMPLETED	(Specify only highest grade completed)	(GA		done during mos		16B. KIND OF BOS	HICOUNIVECTUR		
2	Elementary/Secondary (0-12) College (1-4 o		omemal	ker					
NO N	17. FATHER'S NAME (First, Middle, Last)		J C C.	102	16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)		
	William Page Dame				Jose	phine Pu	tney		
BE	19a. INFORMANT'S NAME (Type/Print)	19b	. MAILING AD	DRESS (Street ar		Route Number, City or Town			
5	S. Stevens Sands	1	L3601	Manti	a Mill	Rd Gly	ndon, N	4D 21071	
	20a. METHOD OF DISPOSITION 5/14/90 1 Degree 2 Cremetion 3 Removal from State	20b. PLACE (OF DISPOSITION	ON (Name of cerr	etery, crematory or	20c. LO	CATION — City or	Town, State	
	4 Donation 5 Other (Specify)	St. J		s Chur	ch Cem	etery Gl	yndon,	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		1		D ADDRESS OF FA				
	JOHN R. ME	3 c E 2 s	\sim		on. Mar	eral Home			
	23. PART i. Enter the diseeses, or complications	that coused the de-	ath. Do not				ratory arrest,	Approximate	
	ahock, or heart fellure. List only one ceuse on each line. interval Bet Onset and E								
- 1	disease or condition and mental a							YES	
		TO (OR AS A CONSEC						0.	
Z	Conversion, that are distance (b.								
Ĕ	Sequentially liet conditione, if any, leading to immediate								
5	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):								
Ē	that initiated eventa resulting in deeth) LAST	TO (ON AS A CONSEC	DENCE OF J.					i	
CERTIFICATION	d								
A	PART ii. Other algnificant conditions contributing	to deeth but not re	eaulting in t	he underlying	ceuse given in	Part i. 24s. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
음						1 _ YES 2	NO	OF DEATH?	
ME		<u> </u>					/ V	1 TYES 2 NO	
PHYSICIAN: MEDIC								NA	
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL			THER:	ACE OF DEATH (Ch				
1YS		2 ER/Outpatient 3 OF INJURY	28b. TIME O			6 Other (Specify) 28d. DESCRIBE HOW I	N ILIBY OCCUBED		
	1 Netural 5 Pending (Mon	th, Day, Year)	เทาก	M 1 1	RK7	Edd. DESCRIBE NOW I	NOONT OCCORED		
BY	2 Accident Investigation 3 Suicide & Could not be 26e. PLM	CE OF INJURY — At ho	me, farm, atre-			26t. LOCATION (Street	and Number or Run	ti Route Number,	
COMPLETED		ling, atc. (Specify)		CALEBO INDOOR		City or Town, State)			
	29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the be	et of my knowledge de	oth common d	d the time date	and alone and due	to the several and ma	anno an atata d		
N N	(Check only one) 2 MEDICAL EXAMINER: On the bala							e(a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER		1 1111111111111111111111111111111111111	7 3.000	29c. LICENSE NUI				
BE	Clother = ND						ED (Month, Day, Year)		
2							1/90		
	Kevin J. O'Keefe, M	.D. 606			s Lane	, Easton,	, MD 2	1601	
		TRAR'S SIGNATURE	Mark and						
	MICH I JU		-	7					

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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEALTH	I AND ME	NTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH		3. TIME OF DEATH
	Marv	D	Smith			MONTH D	AY YE	8.51 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (name last Nirthday)		1	DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign
	214.30.8429	1 🗆 M 2 🔀 F	Y D YRS.	NONTHS DAYS HOURS	MIN.	1 8 3	0	MT
	9e. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN OR LOCAT	TION OF DEATH		9c. COUNTY	OF DEATH.
OR	Mem. Na	P		SASTON	1		71	1607
띮	10a. STATE 10b. COUNTY	v 5/ /	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY
DIRECTOR	Way 5	albot		Faston				1 YES 2 NO
	10e. STREET AND NUMBER	- (/		10f. ZIP CO	DE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	38 5. 22	Cust St	(2/	601		11	SA
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT If yes, specify Cul	ban, Mexican, P		- 1	RACE — American Indian, Black, Whita, etc.
B≼	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES	1 TYES 2'S NO	O Specify:			Specify: BIK
8	15. DECEDENT'S EDU (Specify only highest grade		16e. DECEDENT'S U	ISUAL OCCUPATION ork done during most of work	kina	166. KIND OF BU	SINESS/INDUST	RY
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	ork done during most of work retired.)				
COMPLETED			1)m	nzstrc	T115010 11115	(First, Middle, Maider	- Current	
8	17. FATHER'S NAME (First, Middle, Last)	Ran	SOM	18. MO	THEN'S NAME	(First, Middle, Malder	Surname)	n Kings
BE	19a. INFORMANT'S NAME (Type/Print)	KJ C 01		ADDRESS (Street and Numb	per or Rural Rout	e Number, City or Tox	vn, State, Zip Coo	(b)
2	James a	Jan Kris	385	1. LOCUST	f St.	· Pasta	700	1 2560/
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram		PLACE OF DISPOSI	TION (Name of competery, cr	rematory or	20c. L0	CATION — City	or Town, State
	4 Donation 6 Other (Specify)		K	chardson	1 Cem	. 50.	Stan	m
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME AND ADDF	RESS OF FACILI	TY	10	/
	Searox	Il Josha	10	319	100	12/5	+ 1 Sa	in ma
	23. PART I. Enter the diseases, or shock, or heart feliure.			ot antar the mode of d	lying, such a	a cardiac or resp	iratory arrest,	Approximate interval Between
	ahock, or heart fellure. IMMEDIATE CAUSE (Finel	complications that cause List only one cause on e		ot antar the mode of d	fying, such a	a cardiac or resp	iratory arrest,	Approximate Interval Between Onset and Death
	ahock, or heart fellure.	List only one cause on e	ach line.	rating	dying, such a	a cardiac or resp	eliratory arrest,	interval Between
7	ahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition	List only one cause on e		rating	ar	rest	directory arrest,	interval Between
LION	ahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a. COLLING ON AS A	ach line.	ratny	ar	rest ufu	directory arrest,	interval Between
CATION	ahock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. DUE TO (OR AS A	CONSEQUENCE OF	rating	ar ar al al	rest ufu	d m	interval Between
TIFICATION	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. COLLING ON AS A	CONSEQUENCE OF	rating	ar ar al al dise	rest ufu	d m	interval Between
SERTIFICATION	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO (OR AS A	CONSEQUENCE OF	rating	ar ar al dise	rest ufu	d m	interval Between
AL CERTIFICATION	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS A DUE TO (OR A DUE	CONSEQUENCE OF	ratny	ar al dise	rest unfan	ALTOPSY NAUTOPSY	interval Between
AL	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR A DUE	CONSEQUENCE OF	ratny	ar al dise	rest unfan	N AUTOPSY RIMED?	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS
MEDICAL	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR A DUE	CONSEQUENCE OF	ratny	ar al dise	rest	N AUTOPSY RIMED?	Interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions	b. DUE TO (OR AS A DUE TO (OR A DUE	CONSEQUENCE OF	natry	ar al disa e given in Pa	rt I. 24e. WAS A PERFO	N AUTOPSY RIMED?	Interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	ahock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions.	b. DUE TO (OR AS A d. D. D. DUE TO (OR AS A d. D. D. DUE TO (OR AS A d.	ach line. CONSEQUENCE OF CONSEQUENCE OF	n the underlying couse	dise. e given in Pa	rt I. 24a. WAS A PERFC 1 YES	N AUTOPSY RIMED?	Interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	ahock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions.	B. DUE TO (OR AS A DUE TO (OR	ach line. CONSEQUENCE OF CONSEQUENC	28. PLACE OF 28. INJURY AT	e given in Pa	rt I. 24a. WAS A PERFC 1 YES	N AUTOPSY RIMED? 2 TO NO	Interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	ahock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 27 NO 27. MANNER OF BEATH Pending	b. DUE TO (OR AS A d. DUE TO (OR	ach line. CONSEQUENCE OF CONSEQUENCE OF DUT NOT resulting in	28. PLACE OF 28. INJURY AT	e given in Pa	rt I. 24a. WAS A PERFC 1 YES only one)	N AUTOPSY RIMED? 2 TO NO	Interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH Natural 5 Pending investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 11 CERTIFYING PHYS	BUE TO (OR AS A DUE TO (OR AS	ach line. CONSEQUENCE OF CON	28. PLACE OF OTHER: 4 Nursing Home 6 E OF	e given in Pa F OEATH (Check Residence 8 2 NO 2	rt I. 24a. WAS A PERFC 1 YES Other (Specify) Bd. DESCRIBE HOW City or Town, State the cause(a) and mane, data and place, it	N AUTOPSY RIMED? 2 TO NO INJURY OCCUR and Number or in)	Interval Between Onset and Death Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ED Fural Route Number, Buse(a) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 1 Could not be detarmined detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	BUE TO (OR AS A DUE TO (OR AS	ach line. CONSEQUENCE OF CON	28. PLACE OF OTHER: 4 Nursing Home 6 E OF	e given in Pa F OEATH (Check Residence 8 2 D NO 2	rt I. 24a. WAS A PERFC 1 YES Other (Specify) Bd. DESCRIBE HOW City or Town, State the cause(a) and mane, data and place, it	N AUTOPSY RIMED? 2 TO NO INJURY OCCUR and Number or in)	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-train be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLA	ND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEATH	
Marian	F St also	2. DATE OF DEATH DAY

1 - FOR STATE REGISTRAR		STATE OF MARYL	AND / DEPARTA				YGIENE EG. NO.		
1. DECEDENT'S NAME	(First, Middle, Last)	MAURICE	E. ST	LERNE	e	2. DATE OF D MONTH	DAY	12 S	ME OF DEATH
4. SOCIAL SECURITY I	-2102	1 M 2 D F 7	W YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BI (Month, Day,	RY 21	Country)	E (State or Foreign
	not institution, give stre	EEN R	UN	M E	TM /	W57	100000000000000000000000000000000000000	A R	ROLL
RESIDENCE OF 10a. STATE		ARRO		OWN OR LOCAT	min	STE	R	1 🗆	INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUM 7 5 0 11. MARITAL STATUS	F. D.	EEPR	UN 1	70	Z .	115	>	U5	A
11. MARITAL STATUS 1 Never Married 3 Wildowed 4	2 Married	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPAN ecify Cuben, Maxica 2 NO Specify	n, Puarto Rican,		4. RACE — Al Black, Whi Specify:	nerican indian, la, etc.
	DECEDENT'S EDUCA by only highest grade co ary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use in	k done durina ma	et of working		O OF BUSINESS/INDUS		LTUR
17. FATHER'S NAME (FI	rst, Middle, Last)	571	RN	ER	16. MOTHER'S NA			14	ZER
EDNI	7 RE	ICHA.	P 3	ODRESS (Street of	ond Number or Rurel	Route Number, Co	ity or town, State, Zip C	TLE	Torn
20a. METHOD OF DISP 1 Burlet 2 Cree 4 Donation 5 0	mation 3 Remov	ral from Stata	other place)	THO	Lomi	EN	NY . HI	ty or Town, S	TER P
21. SIGNATURE OF FUI	hid	tel	e /	34 D	APLI	= 3	YIEW N	PA	17340
23. PART I. Enter t shock,	ha diseases or co or heert fellure. Li	mplications that cause at only one cause on a	d the death. Do not ech ilne.	anter the mo	de of dying, suc	ch ss cerdlec	or respiratory srre	st,	Approximate Interval Between
IMMEDIATE CAUSE disease or condition resulting in death)	onn	CORONARI DUE TO (OR AS	ANTER	y Di	SEASE				Onset and Death
Sequentially list co	mmediate	DUE TO (OR AS	A CONSEQUENCE OF):						
Sequentially list or if any, leading to it ceuse. Enter UNDE CAUSE (Disease or that inhilated event resulting in death)	r Injury a.	DUE TO (OR AS	A CONSEQUENCE OF):						
PART II. Other sign		contributing to death in Albryl Region D, COPD		0	g couse given in while He was	0.11	WAS AN AUTOPSY PERFORMED? YES 2 NO	COM OF G	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE BEATH? YES 2 1 10
25. WAS CASE REFERE	RED TO MEDICAL Y		,	26. P	LACE OF DEATH (CH	hack only one)			
EXAMINER?		HOSPITAL: 1 Inpatient 2 ER/Out		THER:	ne 6 Residence		ecify)		
27. MANNER OF DEATI	5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y W	JURY AT DRK? YES 2 NO	28d. DESCRIE	BE HOW INJURY OCCU	IREO	
	6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spe	/ — At home, farm, stre city)	et, factory, offic	0.0	281. LOCATION City or To	N (Street and Number own, State)	r Rural Route	Number,
e and		IAN: To the best of my know							manner as stated.
29b. SIGNATURE AND	TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE	SIGNEO (Mon	th, Day, Year)
anan	Ixe	Eury &			MOOY	0659-	t by	nay	9,1490
ANDRE	FILIDO		OVERDLA	rint)	AMNE	ZIPA	17331	/	
31. DATE FILEO (Month)	1 4 90	32. REGISTER STEELS	Matter						

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFICA	TE OF	DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last) REBECCA & CCA ELIZA	ABETHKINNC	SKINNER			2. DATE OF DEATH 12,	M 990	YEAR 90	12:34AM 0037 M
	4. SOCIAL SECURITY NUMBER 171-05-7794 D 5. S	SEX 6. AGE (III	6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. NONTHS DAYS HOURS MIN.				97 M	ARTEA	CE (State or Foreign ND
TOR	9a. FACILITY NAME (If not institution, give street of CARROLL COUNTY GENE) RESIDENCE OF DECEMENT	RAL HOSP .//o	spital 9b.	CITY, TOWN OF	STER /	ATN	CARR	OLL Prol	
DIRECTOR	M-DSTATE 10b. COMPRO	LL	WESTIM	MESTAPING FERMON			1		
FUNERAL	200 PESTAND NUMBER CIRCLE			10f.	ZIP COD91157	7	10g. CITIZE	NOF SHAT	ДСОИНТЯҮ?
B	4 - Norman Married - 0 - Married	WAS DECEDENT EVER IN FORCES? 1 YES IF YES ON YER OR DA	2 NO	If yes, spec		C ORIGIN? (Specify , Puerto Rican, etc.)	Yes or No — 1	4. RACE — Black, WI	Control of the Contro
윤	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	ON pleted)	16a. DECEDENT'S USU. (Give kind of work of	done durina most	of working	18b, KIND OF	BUSINESS/INDU	STRY	
COMPLETED	Elamentery/Secondary (0-12)	ollege (1-4 or 5+)	TEACHER	ired.)		PUE	. SCHO	OL	
BE CO	17. FATHER'S NAME (First, Middle, Last) E. LEE ERB				16. MOTHER'S NAI CATHI	ME (First, Middle, Maid ERINE FOW	len Sumame) LER		
10	19a. INFORMANT'S NAME (Type/Print) ETHEL E. WILHIDE		196. MAILING ADD	TER RD.	d Number or Rural R WES	oute Number, City or STMINSTER	lown, State, Zip (MD	21157
	20a. METHOD OF DISPOSITION BUKLA. 1	from State	PLACE OF DISPOSITION V	IEW CEM	IETERY	U	NION B	RIDGE	, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENS	O. Xar	Dler	22, NAME AN		BRIDGE, M		LER &	SUNS
	23. PART I. Enter the diseases, or companies, or heart fellure. List			enter the mod	le of dying, auch	es cardisc or re	epiratory arre	et,	Approximate interval Between
	IMMEDIATE CAUSE (Finei disease or condition	C 220:00	Jana can.	Angen	-				Onset and Death
	resulting in deeth) a	CARDIO P	CONSEQUENCE OF):	1114643					
N	Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of):								
CERTIFICATION	if any, leeding to immediate ceuse. Enter UNDERLYING	CTROMOVI	CONSEQUENCE OF):	ı, ci					
	CAUSE (Disease or injury that initiated events		CONSEQUENCE OF):						
띪	resulting in deeth) LAST								
DICAL	PART II. Other significant conditions co					O C D	AN AUTOPSY FORMED?	AM	RE AUTOPSY FINDINGS ULABLE PRIOR TO
DIC	CAS MOIN TEST	DELAY PRINCE	DINGES UND	PON ATT		VILL 1 - YES	2 X10	OF	MPLETION OF CAUSE DEATH?
PHYSICIAN: ME	GISTICIN (ES)	MATO BLEC	176, 7	וווו אסאו	retilitie.	_		1[TYES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	ock only one)			
YSIC	1 U YES 2 NO 1	OSPITAL: Unpatient 2 ER/Outp		THER: Nursing Home	5 🗆 Residence	6 Other (Specify)			
ВУ РН	27. MANNER OF DEATN 1 X Natural 5 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	WOR		28d. DESCRIBE HO	W INJURY OCC	URED	
COMPLETED E	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, atree	t, factory, offica		281. LOCATION (Str. City or Town, St	et and Number (ate)	or Rural Route	a Number,
PE		: To the best of my knowl	edge, death occurred at	t the time, data	and place, and due	to the cause(a) and	menner as state	d.	
NO	one) 2 MEDICAL EXAMINER: O	n the basis of examination	n and/or investigation, in	n my opinion, de	eath occured at the	time, data and place	, and due to the	cause(s) an	d manner as stated.
H	296. SIGNATUBE AND TITLE OF CERTIFIER	2			D310			SIGNED (MG	onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO CO		ATN (ITEM 27) (Typo, Prin		21157				
	31. DATE FILED (Month, Day, Year) MAY 1 4 '90	32. REGISTRAR'S SIGN	ATURE Andell						

A section and the

1 - 1	FOR STATE REGISTRAR
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	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) ANNA ELISABETH SKELLY 2. DATE OF DEATH ON 1990 /025 A M
	4. SOCIAL SECURITY NUMBER 219-20-5849 5. SEX 6. AGE (In yrs. last birthday) 12 M 2 F 86 78. Months DAYS Hours Min. 6. AGE (In yrs. last birthday) 12 M 2 F 86 78. Months DAYS Hours Min. 78. Months DAYS Hours Min. 78. Months DAYS Hours Min.
TOR	9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Peninsula General Hospital Salisbury, MD Wicomico
DIRECTOR	Md. Wicomico 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Tyaskin 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
FUNERAL	10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? Rt. 1 Box 28 21865 U.S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 5 Married 1 Divorced 1 Divorced 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, If yes, specify Cuban, Maxican, Puerto Rican, etc.) 15. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 16. PACE — American Indian, Specify: White, etc. 17. Specify: White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondery (0-12) 12 years 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Home Maker
O	17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surrame)
	Octavus Larson Jenny Johannson
BE C	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Zip 23455
2	Doris E. DiVito 4932 Farrington Drive, Virginia Beach, Va.
	20c. METHOD OF DISPOSITION 1 K Burlel 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, crematory or other place) Tyaskin Cemetery Tyaskin, Nd.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Messick Funeral Home, P.O. Box 61
	Comelia / Nesset II Bivalven Maryland 21814
-	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):
CERTIFICATION	Sequentially list conditions, if sny, iseding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
: MEDICAL	Signal del Se Performed? Signal del Se Performed? AMILABLE PRIOR TO COMPLETION OF CAUSE OF OCATH? To yes 2 NO NO Yes 2 NO NO NO NO NO NO N
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)
SIC	EXAMINER? HOSPITAL: OTHER: OTHER:
BY PHYSICIAN:	27. MANNER OF OEATN 1 L Metdfal 5 Pending Investigation 28s. OATE OF INJURY (Month, Day, Year) 28s. OATE OF INJURY (Month, Day, Year) 28s. OATE OF INJURY OCCUREO 1 VES 2 NO 28s. OATE OF INJURY AT WORK? 1 YES 2 NO
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of axemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Year) \$\int 5 - 5 - 90\$
7	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) WILLBER RElics or - 100 Powerst. Salisbury, Md. 2080/
1	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Silve Davidor- Gandelle

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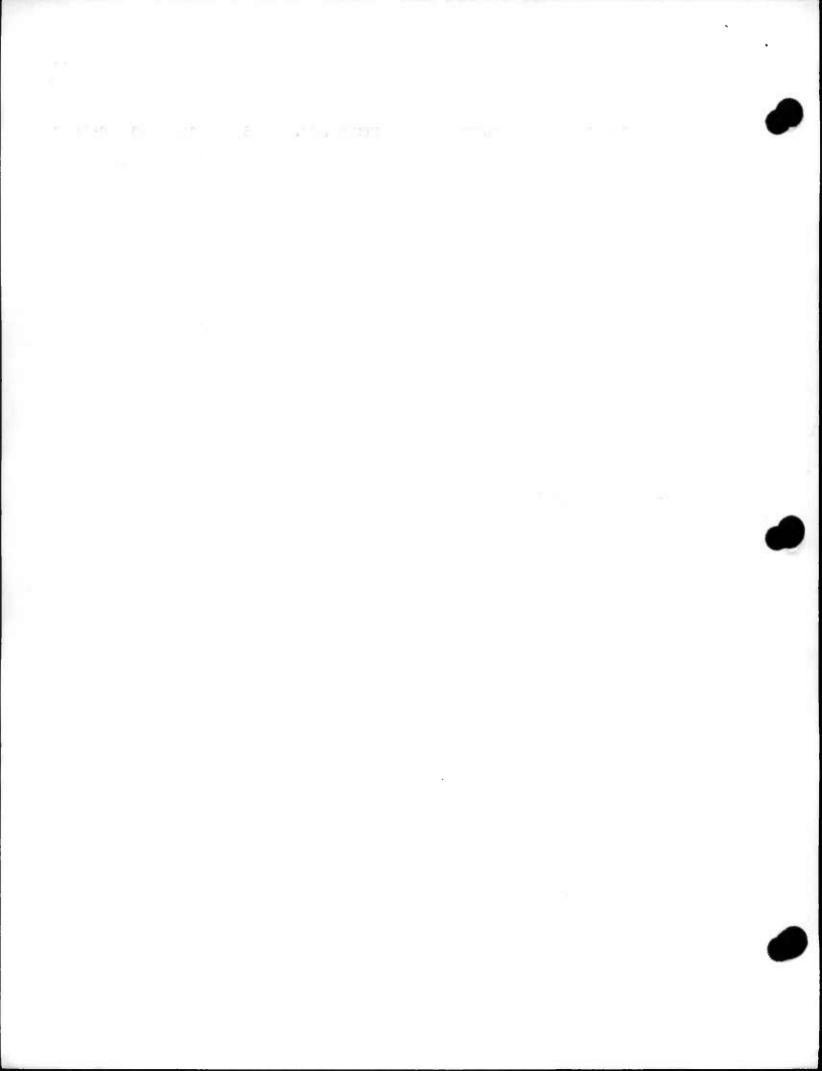
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive and activity the contraction of minutes.	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILEO (Month, Day, Year)
MAY 1 4 90

32. REGISTRAR'S SIGNATURE
Julia Davidson-Rendelle

	FOR 1 - STATE REGISTRAR		STATE OF I				HEALTH AND I		HYGIEN				040
	1. DECEDENT'S NAME (First, Middle	le, Last)						2. DATE OF				3. TIME OF DE	ATH
ľ	JOSEPH	Ŧ	F	LMER		STINE	Jr.	мо нтн 5	1	2	90	9:24	Δм
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. la:	st hirthday)	IF UNDER 1 YEAR		7. DATE OF				PLACE (State or	Foreign
	214-42-3620		1 🕅 M 2 🗆 F	45	YRS.	MONTHS DAYS	-	(Month, D	ay, Year)	0/-	Count	y)	
				4.7	7110.				25/1	945		yland	
_	9e, FACILITY NAME (If not institution						OR LOCATION OF DE	EATH		9c. COUN			
Ö	Physician's		morial			Lā	Plata				harl	es	
5	RESIDENCE OF DECEDE	COUNTY		-	IDC CIT	Y, TOWN OR LO	ATION					10d, INSIDE C	TY
DIRECTOR		11	1									LIMITS?	
2	Maryland C	nar	les		1 00	bb Is]	.ang_ 10f. ZIP CODE			Did own	7511 05 1	1 TYES 27	
FUNERAL		_	_							'		WHAT COUNTRY	r
9	13 North	<u>1 Ea</u>					20625				S.	Α	
5	11. MARITAL STATUS 1 Never Merried 2 Merrie		12. WAS DECEDEN	NT EVER IN U.S. A	RMED NO		ECENDENT OF HISPAI specify Cuben, Mexica			or No-	14. RACI Blac	E — American In k, White, etc.	idlen,
<u> </u>	3 Widowed 4 Divorced	ea.	IF YES, GIVE	MAR OR DATES			ES NO Specif				Spec	" Whit	:e
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	15. DECEDENT (Specify only highe			(0	ECEDENT'S Give kind of e. Do NOT u	Work done during	TION most of working			SINESS/IND			
	Elementary/Secondary (0-12)		College (1-4 or 5			Offic	er ,Sgt	. Ch	arle			ty She	eriff
COMPL	12					0111	, 0				fic	e	
8	17. FATHER'S NAME (First, Middle, L Joseph E.		ne Sr				16. MOTHER'S NA	en F.			c		
BE			, , ,										
<u>-</u>	19e. INFORMANT'S NAME (Type/Pri			1			13, La					20646	
_	Brian M.	Sti	ne So					Ilata	-				
- 1	20s. METHOD OF DISPOSITION 1 W Buriel 2 Cremetion 3	Remo	oval from State	20b. PLACE other p	(ace)	SITION (Name of	cemetery, crematory or		20c. LO	CATION —	City or To	own, State	
- 1	4 Donation 5 Other (Speci			_ Hol:	y Gh		metery		L	ssue	M	arylar	ıd
	21. SIGNATURE OF FUNERAL SER	WIGE LIC	ENGEE				AND ADDRESS OF FA		77	т.			
	B.C.C.	Ko	lo A	-			hart Fu					00616	
	23. PART I. Enter the disease					F_\	L DOX 1	$\Omega / -1$	H.	121.2	- IAICI	- ZUD41	1
		ea, or c	omplicationa th	at caused tha d	aath. Do	not enter the			c or resp	iratory an		Approx	
	ahock, or haart f					not enter the			c or resp	Iratory an		Approx	Imate Between
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	ahock, or haart f		Hypert	ensive A	e. Arter	ioscler		ch aa cardla			reat,	Approx Interval Onset a	Imate Between
	ahock, or heart for immediate CAUSE (Final disease or condition		Hypert	use Dn each lin	e. Arter	ioscler	mode of dying, suc	ch aa cardla			reat,	Approx Interval Onset a	Imate Between
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tours after death. Page 6 may be reta	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sl	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	connection of the market of the second and the second of t
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Ann M.

Dixon,

14'90

32. REGISTRAR'S SIGNATURE

	FOR STATE REGISTRAR	STATE OF I	MARYL					IEALTH DEAT		MENTAL	HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)									2. DATE	OF DEATH DA	v	YEAR	3. TIME OF DEATH
	WILLIAM	JA	MES		2	PENC	E, J	JR.		5	12		90	8:52 A M
	4. SOCIAL SECURITY NUMBER 215-26-3957	5. SEX 1 🔀 M 2 🗌 F					Day, Year) 23/29		Country)	ryland				
	9e. FACILITY NAME (If not institution, give s	treet and number)				9b. CITY	, TOWN (OR LOCATI	ON OF DE		20/22	9c. COUN		-
l E	Murdock Garden	s Farm				E	ast	on				Tа	lbot	
15	RESIDENCE OF DECEDENT													
DIRECTÓR	Maryland Talb					y, town o		TION					- 1	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
A P	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CITIZ	EN OF W	HAT COUNTRY?
FUNERAL	16 Sycamore St	reet						216	501			U.	S.A.	•
S	11. MARITAL STATUS	12. WAS DECEDEN								VIC ORIGIN	? (Specify Yes	or No-	14. RACE	— American Indian, White, stc.
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	1951-1	WAR OR D		,			2 X NO			acam, atc.)		Specify	
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)		(Gh	e kind of	USUAL O work done se retired.)	CCUPATION OF THE COURT OF THE C	ON ost of world	ng	16b.	KIND OF BUS	SINESS/IND		
13	Elementary/Secondary (0-12)	College (1-4 or 5	+)	med	har	ica	1 e	ngir	neer	، ا	canne	d fo	ро	
COMPLET	17. FATHER'S NAME (First, Middle, Last)			10	,,,,,,	a				_	liddle, Malden		<u>ou</u>	
	William J. Spe	nce, Sr						Emr	na N	labei				
BE	19e. INFORMANT'S NAME (Type/Print)	,		19b	MAILING	ADDRES	S (Street)				er, City or Town	n, State, Zip	Code)	
2	Sharon Spence-	Christo	phe	rlE	Box	60A	В	uck	Brv	an I	Rd.,	Trap	pe N	4D 21673
	20s. METHOD OF DISPOSITION 5	15/90	_	_	OF DISPO	SITION (N		metery, cre	_			CATION - C		
	1 Donation 5 Other (Specify)	oval from State	_ M	d.		era	ns	Ceme	eter	Ŋ	Hu	rloc	k, N	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			1			NO ADDRE						'
	1 JOHN R				.)	- 1					Home			
	23. PART i. Entar tha disasses, or									vlar		retory arr	est.	Approximate
	shock, or heart fallure.								g, ccc					Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	7 1		1		<u> </u>	11	7	.					Onset and Death
	resulting in death)	e. Arter		LETO			110V	ascu.	lar I	Jisea	se			-
			(0117107		JEHOL C	. ,.								İ
CERTIFICATION	Sequentially list conditions,	b DUE TO	OR AS	A CONSEC	UENCE C	F):								+
¥	If any, leading to immediate cause. Enter UNDERLYING													
	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS	CONSEC	UENCE C	P):								
	resulting in death) LAST	d												
5.1	PART II. Other algnificant condition	ne contribution to	death t	aut not n	- eultlag	In the u	nderhile		aluna in	Dard I	24a. WAS AN	ALIMARY	246	WERE AUTOPSY FINDINGS
CAL	Diabetes Melli		, deeth t	out not n	and iting	in the u	ilderlyn	ng cause	given in		PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC/														OF DEATH? 1 X YES 2 □ NO
											(Head	Only)		177 153 7 10
S S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ОТНЕ		LACE OF	DEATH (Ch	heck only or	ю)	·		
YSI	1)XX YES 2 □ NO	1 Inpatient 2	☐ ER/Out	patient 3	□ DOA	4 🗆 Nu	rsing Nor	me 5 🗆 F	tesidence	8 X Othe	r (Specify)	Scer	ne	
Y PHYSICIAN:	27. MANNER OF DEATN XXX Natural 5 Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)		28b. TII	WE OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. OES	CRIBE NOW	NJURY OC	CUREO	
TED BY	2 Accident investigation 3 Suicide 8 Could not be datermined	28e. PLACE building	OF INJURY , etc. (Spe		me, farm,	street, fed	ctory, offi	Ce			ATION (Street or Town, State)		or Rural R	oute Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PNYS (Check only one) 2 MEDICAL EXAMINI	ER: On the best of												and menner sa stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIE	3						29c. LK	CENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
98 0	Mil	-NX							OCN	ME.		•	5-13	3-90

111 Penn Street, Baltimore, MD

DNMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within remouns after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach-		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	DIRECTOR
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STATE OF MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
CE	ERTIFICATE	OF DEAT	H		REG. NO.

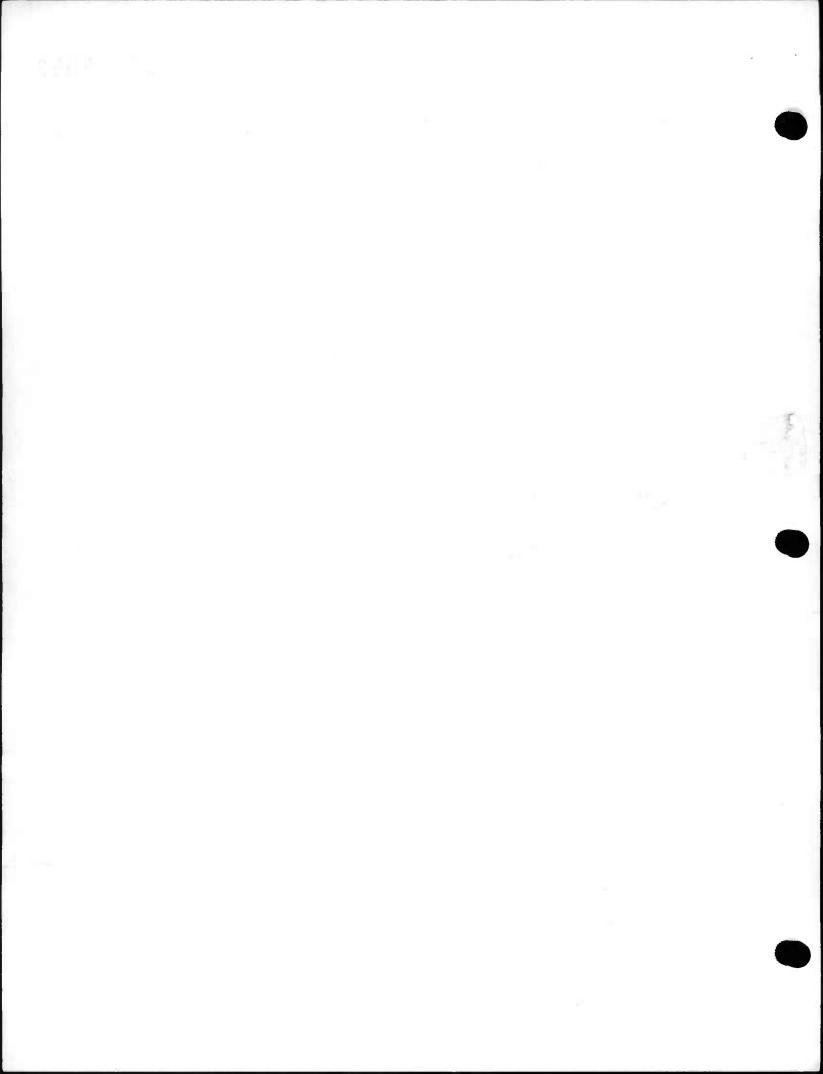
	1 - FOR STATE REGISTRAR	TE OF MARYLAND /	DEPARTM	ENT OF H	EALTH AND N	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Lest)				DEATH	2. DATE OF DEATH			3. TIME OF DEA	TH		
	CARSTENS	SLACK				May 3.	1990	YEAR	8:00	рм		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			PLACE (State or Fi	_		
	396-07-5466 1 TX 9e. FACILITY NAME (If not institution, give street end	M 2 F 71	YRS.	CITY TOWN O	HOURS MIN.	(Month, Day, Year) 07 12 1	8 gc. COUNT		w York			
DIRECTOR	Route 7 Box 125			Eastor				albe				
EC	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ON				10d. INSIDE CITY	Y		
DIA	Maryland Talbo	t	Eas	ston					LIMITS?	NO		
FUNERAL	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZI	EN OF W	HAT COUNTRY?			
Ä	Route 7 Box 125				21601		US	SA				
BY FUI	1 Never Merried 2 X Married FC	AS DECEDENT EVER IN U.S. AF PRCES? 1 X YES 2 1 YES, GIVE WAR OR DATES	NO	If yes, spe		IC ORIGIN? (Specify Year, Puerto Rican, etc.)	o or No— 14. RACE — American Indian, Black, White, etc. Specify:					
	W Committee of the comm	orld War I				To a second			hite			
1	15. DECEDENT'S EDUCATION (Specify only highest grade complete	ed) (G	ECEDENT'S USU Bive kind of work Do NOT use ref	done during mos	N It of working	18b. KIND OF BU	SINESS/INDU	STRY				
COMPLETED	Elementary/Secondary (0-12) Colle 11	ge (1-4 or 5 +)	execut	ive		petr	oleum	n				
ON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Meiden						
BE C	Martin A. Slack	s Carste	Carstens									
	19a. INFORMANT'S NAME (Type/Print)	Code)										
Merrilyn J. Slack Rt 7 Box 125, Easton MD 21601 20e. METHOD OF DISPOSITION 5/5/90 10 Burlel 2 Sp Cremation 3 Remove From State 20c. LOCATION - City or Tow other place) 20c. LOCATION - City or Tow												
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE		orge	tow	n DE							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				M Fune:	ral Home						
	23. PART I. Enter the diseasee, or complic	MERCER		East	n. Mar	vland						
CERTIFICATION	ahock, or heert fellure. Liat only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):											
F	resulting in death) LAST											
	PART II. Other algnificant conditions cont	ributing to deeth but not	resulting in ti	se underiving	cause given in	Part I. 24s. WAS AN	AUTOPSY	246	WERE AUTOPSY F	EINDINGS		
PHYSICIAN: MEDICAL						1 YES 2	RMED?		AMAILABLE PRIOR COMPLETION OF OF DEATH?	CAUSE		
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ack only one)	_			-		
SIC		PITAL:		HER:	1	Other (Specify)						
¥		Se. DATE OF INJURY	28b. TIME OF	28c. INJ	OHY AT	28d. DESCRIBE HOW	NJURY OCCI	URED				
ВУР	1 Natural 5 Pending Accident Investigation	(Month, Day, Year)	INJURY	M 1 🗆 Y	RK? ES 2 NO							
		6s. PLACE OF INJURY — At he building, etc. (Specify)	ome, term, atree	t, factory, office	,	28t. LOCATION (Street City or Town, State		or Rural F	Route Number,			
Suicides a Could not be determined building, etc. (Specify) 4 Homicide determined building, etc. (Specify) 29e. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) end manner as stated.										stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN	IBER	29d. DATE	SIGNED	(Month, Day, Year))		
욘	00. NAME AND ADDRESS OF PERSON WHO COM	PLETEO CAUSE OF OEATH (ITE	EM 27) (Type, Prin	it)	4	, ,			1.4			
	KENIN J. O.K	EFE, MIL	, 6	06 D	HOLLAN	IS LANE	Bosh	MO	MO, 21	601		
		2. REGISTRAR'S SIGNATURE		100		,						
	MAY 0 9 '90	Gelia Vierichan	Dunk	3								

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HYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Acts of the control of the cont	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral processing the funeral proces	the mention of the control of the co
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0	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral processor and completely filled in by the funeral processor or proces	2 2
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	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HE		MENTAL HYGIEN REG. NO.						
	1. DECEDINGS HAME (FIRST, MISSIN, LISS)	Scatt	(RUSSEL	L SCOTT)		2. OATE OF DEATH	3 90	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 154 09 8448	s. sex Male s. Age (1) 1 1 1 1 1 2 □ F 70	YRS.		IF UNDER 24 HRS. HOURS MIN.		1919 M					
TOR	98. FACILITY NAME (If not institution, give st Mallard Bay Nursi	ng Center		96 CITY, TOWN OF Cambrid	LOCATION OF DE	ATH	Dorches					
DIRECTOR	100. STATE 10b. COUNTY Maryland	Kent		TOWN OR LOCATION	ON			10d. INSIDE CITY LIMITS? 1 YES 2 Y NO				
FUNERAL	10e. STREET AND NUMBER te # 1 Box # 22	(Sharptown)		10f. :	ZIP COOE 2166	1	USA	ZEN OF WHAT COUNTRY?				
BY	11. MARITAL STATUS Married 1 Never Married 2XXMarried 3 Widowed 4 Divorced	FORCES A VEG O VIOLE VIO										
COMPLETED	15. OECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of we life. Do NOT use Laborer	ork done during most retired.)	iol working	16b. KINO OF BUS	SINESS/INOUSTR	Y				
BE COM	17. FATHER'S NAME (First, Middle, Last) Marvin	Scott			1a. MOTHER'S NA Mary	ME (First, Middle, Maiden Hopkins	Sumame)					
TO B	19a. INFORMANT'S NAME (Type/Print) Clara Scott		Rte #			Houte Number, City or Tow ck Hall, M						
	20a. METHOD OF OISPOSITION BUT 1 Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	ovel from State 20b.	PLACE OF DISPOSI TAI PTOWN	Cemeter		RFD	Rock H	r Town, State all, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. Box # 143 James A. Perkins Rock Hall. Md. 21661											
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other significant condition	a contributing to death b	ut not reaulting in	n the undarlying	cause given in	Part i. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
: MEDICAL						1 TYES 2	? []NO	COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 70	HOSPITAL:		OTHER:	ACE OF OEATH (Ch							
BY PHYS	27. MANNER OF OEATH 1 Metural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJU	IRY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	0				
COMPLETED	cond only	ICIAN: To the best of my know ER: On the basia of axaminatio						se(a) and manner as stated.				
TO BE (29c. LICENSE NUI	MBER	29d. DATE SIG	NED (Month, Day, Year)				
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OF	STERCE	EXXX	PLAG	PATRIC GA	MERIO	28-90 02-, UD				
d	MAY 0 1 *90	32 REGISTRAB'S SIGN	n-Randelle			,						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within servicurs after death, Plags TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dim be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

is be detached for use as the burial-transit permit. Pages 1, 2, 3 should

by the hospital or attending physician. LAND 21203-3146

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAN			'	CENTIF	ICALE	UF	DEAL	П	н	EG. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF I	DEATN DA	v	YEAR	3. TIME OF DEATH
	William Cl	aude	"Pat" Sh	ivery						April	19,	1990)	10:15a. H
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER		IF UNDER		7. DATE OF B			8. BIRTHI	PLACE (State or Foreign
	221-05-6037	7	1 ₩ 2 □ F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	oct. 1	4. 1	908	Country	" PA
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	TOWN (OR LOCATIO					TY OF DE	EATH
OR I	Hurtt Ave (At hor	ne)			Mil	llin	gton				Kent		
5	RESIDENCE OF DEC	EDENT												
DIRECTOR	10e. STATE	10b. COUNTY				Y, TOWN C								10d. INSIDE CITY LIMITS?
	MD	Ken	t		M	illir	-							1 X YES 2 NO
MAL	10e. STREET AND NUMBER							f. ZIP CODI				10g. CITI		THAT COUNTRY?
FUNERAL	Hurtt	Aven	ue					2165	1				USA	A
5	11. MARITAL STATUS		12. WAS DECEDED	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACE	— American Indien, , White, atc.
ВУ	1 Never Merried 2 3		IF YES, GIVE	MAR OR DATES				2 NO			i, arco.)		Specif	V:
	==-000===111		1943	WW II				Λ						White
E		EDENT'S EDU		18e.	Give kind of	work done	CCUPATION TO COLUMN TO COLUMN THE	ON ost of working	ng	186. KIN	D OF BUS	INESS/IND	USTRY	
9	Elementary/Secondary (0	-12)	College (1-4 or 8	+)	life. Do NOT u	,				3.62	772		1/477	
MP	12				Sales	man						gton	MILLI	LS
COMPLETED	17. FATHER'S NAME (First, M.									ME (First, Middle		,		
BE	Clarence S		У							oeth W				
0	19e. INFORMANT'S NAME (7)									loute Number, C			Code)	
	Pauline Jo									gton, M	_	1651		
	20s, METHOD OF DISPOSITI	iON n 3 🗆 Rem	oval from State	20b. PLA	CE OF DISPO							CATION -		
	4 Donation 5 Other	(Specify)		_	As			eter			Mi	lling	ston,	, MD
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE					ND ADDRE		al Hom	_			
	Mani	18.	telle	10175								inate	an MT	21651_
	23. PART I. Enter the	seeces, or o	complications the	et ceused the	deeth. Do	not snter	the mo	ode of dy	ing, such	se cerdiec	or respi	ratory srr	oat.	Approximats
	shock, or h	esrt fallure.	Liet only one ca	use on eech	line.							•		Interval Setween Onset and Death
	IMMEDIATE CAUSE (Findisesse or condition		0		/			1						Onset and Death
	resulting in deeth)	7	e. Res	OF AS A COM	SEQUENCE O	arre	5	7						
_		_	b. Met	0.1	/	/								j
CERTIFICATION	Sequentially list conditi	lons,	DUE TO	OR AS A CON	SEQUENCE O	Find	7	anc	er					1
¥	If eny, lesding to immed cause. Enter UNDERLY	NG												
E	CAUSE (Diseese or inju that initiated events	lty	DUE TO	OR AS A CON	SEOUENCE O	F):								
듄	resulting in death) LAS	T	d.											
	DART II Oshan alamidan													
EDICAL	PART II. Other significe	ent condition	s contributing to	death but n	ot resulting	in the ur	nderlyin	g cause (given in	Part I. 24s	PERFOR	AUTOPSY IMED?	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă										1(YES 2	NO.		OF DEATH?
N N										_			-	1 TYES 2 NO
ä														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATN (Che	eck only one)				
YSI	1 TES 2 NO		1 Inpatient 2	☐ ER/Outpetlen	t 3 🗆 DOA			ne 5 🖫 Re	esidence	5 Other (Sp	ecify)			
H	27. MANNER OF DEATH		28e. DATE O	F INJURY Day, Ybar)	28b. TIR	JURY	28c. IN.	JURY AT ORK?		26d. DESCRI	BE NOW I	NJURY OC	CURED	
BY		Pending Investigation				М	1 🗌	YES 2	NO					
		Could not be	28e. PLACE (building	OF INJURY — A , etc. (Specify)	t home, ferm,	street, fact	tory, offic	00		28f. LOCATIO	N (Street own, State)	and Number	or Rurel R	loute Number,
COMPLETED	4 Homicide	determined												
P	29e. CERTIFIER (Check only	TIFYING PNYS	ICIAN: To the best o	f my knowledge	, death occur	red at the t	ilme, date	and place	, end dua	to the cause(e) end mar	ner ee stat	ed.	
<u>S</u>	dme1	ICAL EXAMINE	R: On the beele of	examination end	l/or investigati	on, in my o	opinion, o	death occu	red at the	tima, date end	plece, en	d due to th	e ceuse(e) and manner ee stated.
Ŭ U	29b. SIGNATURE AND TITLE	OF CERTIFIE	RODO	4 -				29c. LIC	ENSE NUM	ABER		29d. DAT	E SIGNED	(Month, Day, Year)
00	m 8	ienen	Kelst	MD				43	700	7		>4	-2	0-90
2	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAL	JSE OF DEATN	(ITEM 27) (Type	e, Print)		170	/ 0 0					, -
i	Kentaga	1.4	lation	Medi		311		Ch	octo	Harris) n	MA	1 -	21628
2/	31. DATE FILED (Month, Day	YOU'NGO	32. REGISTO	AR'S SIGNATUR		MI	•		SIL	1 100	7/1	HIL	. 0	- 10000
4)	MAY KO	MMI	A. D. A. L.	diam's law	TARA T									

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

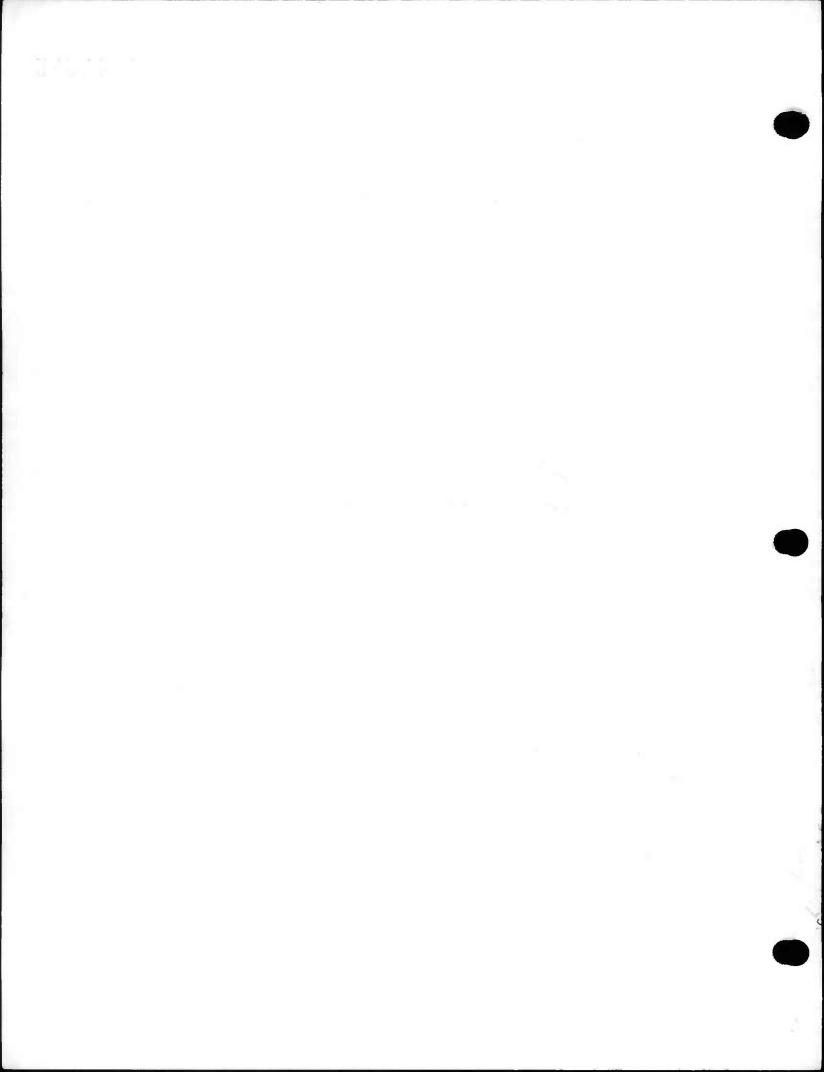
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Table Tabl								
MYRTLE TOLLISON 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leet birthdey) 579-01-7151 1 M 2 M F 83 YRS. 8. AGE (In yrs. leet birthdey) 579-01-7151 1 M 2 M F 83 YRS. 8. AGE (In yrs. leet birthdey) 80 YRS. 80 WRS. 80 W								
State Stat								
9e. FACILITY NAME (If not institution, give street and number) 9e. COUNTY OF DEATH PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY PRINCE GEORGE'S RESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. COUNTY Md. Waldorf Charles 10f. CITY, TOWN OR LOCATION Charles 10f. CITY, TOWN OR LOCATION Charles 10g. CITIZEN OF WHAT COUNTRY? 10g. CITIZEN OF WHAT COUNTRY? 20601 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2000 14. RACE — American Indian, 15. DECEDENT'S EQUATION (Specify only highest grade completed) 15. DECEDENT'S EQUATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Glive kind of work done during most of working kins. Do NOT use relieved.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme)								
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md. Waldorf 10c. CTY, TOWN OR LOCATION Charles 10d. INSIDE CITY LIMITS? 10d.								
10e. STATE 10e. COUNTY Md. Waldorf Charles 10f. CTY, TOWN OR LOCATION Charles 10f. CTY, TOWN OR LOCATION Charles 10f. INSIDE CTY LIMITS? 1 □ YES 2 1 □ YES 2 1 □ YES 2 1 □ YES 2 1 □ YES 2 1 □ YES 2 1 □ YES 2 1 □ YES 2 1 □ YES 2 1 □ YES 2 1 □ YES 2 1 □ YES 2 1 □ YES 2 1 □ YES 2 1 □ YES 2 1 □ YES 2 1 □ YES 2								
Md. Waldorf Charles 10e. STREET AND NUMBER 4403 Cotuit Circle 11. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2000 11. NARITAL STATUS 1 Never Merried Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2000 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- Hi yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. RACE — American Indian, Hi yes, specify Cuban, Mexicen, Puerto Rican, etc.) 15. DECEDENT'S EQUATION (Give kind of work done during most of working life. Do NOT use relierd.) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relierd.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surmeme)								
4403 Cotuit Circle 11. MARITAL STATUS 1 Never Merried 2 Merried PFORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No- If yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 VES XX NO Specify: 15. DECEDENT'S EQUCATION (Give kind of work done during most of working life. Do NOT use refired.) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meidlen Surneme)								
11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 22 Meo 15. Mecre Merried 15. DECEDENT'S EQUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Ghe kind of work done during most of working life. Do NOT use refered.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EQUCATION (Ghe kind of work done during most of working life. Do NOT use refered.) 16b. KIND OF BUSINESS/INDUSTRY 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surneme)								
1 Never Merried 2 Merried FORCES? 1 YES 2X 40 If yes, specify Cuban, Mexicen, Puerto Rican, etc.) Black, White, atc. Specify: White 1 VES XX 1								
White Specific Control Spec								
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 6 O Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme)								
6 O Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meldlen Surneme)								
William Mosteller Jula Bollinger								
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Same As 10a-10f.								
20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of cemetery, crematory or 20s. LOCATION — City or Town, State								
**XXSuriel 2 Cremation 3 Remover from State Cedar Hill Suitland, Md.								
21. SIGNATURE OF FUNE TALL SERVICE LIBERTS. 22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road								
Clinton, Maryland 20735								
23. PART I Enter the diseases, or complications that caused that deeth. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between								
IMMEDIATE CAUSE (Final disease or condition								
resulting in deeth) DOE TO (OFFAS A CONSEQUENCE OF):								
Comes the H. A Failure								
Sequentielly list conditione, If any, leading to immediate								
cause, Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF):								
that initiated events resulting in death) LAST								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY FINDINGS								
PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE								
1 YES 2 PNO OF DEATH? 1 YES 2 NO								
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
1 VES 2 NO 1 Impetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 280. DATE OF INJURY 280. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED								
1 Netural 5 Pending (Month, Dey, Year) INJURY WORK? M 1 YES 2 NO								
3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
4 Homicide detarmined								
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner se stated.								
29b. SIGNITURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)								
While It mes pt ' D05735 +430/90								
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								



IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	CATE O	F DEATH	REG. NO.	-					
	1. DECEDENT'S NAME (First, Middle, Last)		14			2. DATE OF DEATH MONTH DA	Y YEAR	3. TIME OF DEATH				
	Fred Teel, Sr	•				May 7,	1990 🖺	4:45 a. M				
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AC	GE (In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH	8. Bil	RTHPLACE (State or Foreign				
	240-03-8646	[X] M 2 □ F	80 yrs.	MONTHS DAY	HOURS MIN.	Apr. 10, 191	N 0.	Carolina Carolina				
	9a. FACILITY NAME (If not institution, give street	,		9b. CITY, TOW	N OR LOCATION OF DE	EATH	9c. COUNTY O	F DEATH				
9	Southern MD Hos	spital C	enter	C1	inton		Princ	e George's				
[RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY				
E	History Control of the Control of th	itt		reenvi				X LIMITS?				
	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN O					
FUNERAL DIRECTOR	1201 Meadowbi	rook Drive			27834		United	States				
3	11. MARITAL STATUS 12	. WAS DECEDENT EVE	R IN U.S. ARMED			NIC ORIGIN? (Specify Yes	or No— 14. R.	ACE — American Indian,				
	1 Never Married 2 Married	FORCES? 1 Y			specify Cuben, Mexica ES 2 X NO Specifi			linck, White, etc.				
В	3€ Widowed 4 □ Divorced						1	Tack				
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con		16a. DECEDENT'S (Give kind of v	USUAL OCCUP	ATION most of working	16b. KIND OF BUS	SINESS/INDUSTR	4				
٦		college (1-4 or 5+)	Minis			Method	ist Chu	rch				
×	17, FATHER'S NAME (First, Middle, Lest)		MINIS	rei	16 MOTHER'S NA	AME (First, Middle, Maiden						
	The state of the s				Naor		Surremey					
H	Jim Teel 19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre		Route Number, City or Tow	n, State, Zip Code)				
임	Bernice O. Ebron 44 R Street, N.W. Washington, D.C. 20001											
	20s. METHOD OF DISPOSITION 20s. METHOD OF DISPOSITION 20s. LOCATION — City or Town, St. Stere piece) 20s. PLACE OF DISPOSITION (Name of cemetery, crematory or place) 20s. LOCATION — City or Town, St. Stere piece)											
	4 Donetton 5 Other (Specify) Brownniii Cemetery											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Greeke Fuseral											
	Melson & Greene K 814 Franklin St, Alexandres. VA											
	23. PART i. Enter the diseases, pr com	pications that cau	sed the death. Do r			119165-		Approximate				
	shock, or heart failure. List							interval Between Onset and Death				
	disease or condition SEVERE ATHEROSCLEROTIC CORONARY HEART DIS.											
	resulting in deeth) a. DUE TO (OR AS A CONSEQUENCE OF):											
z	reconservation or the last	CARDIO	PULMONAR	Y ARRI	ST			HOURS.				
임	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	AS A CONSEQUENCE OF	F):								
₹	cause. Enter UNDERLYING CAUSE (Disease or Injury	METABO	IC ENCE	PHALOI	PATHIES			DAYS.				
E	that initieted events resulting in death) LAST		AS A CONSEQUENCE OF					iI				
CERTIFICATION	d	ACUTE 1	RENAL FA	ILURES				DAYS.				
	PART II. Other significant conditions of	ontributing to deat	h but not resulting	in the underf	ying cause given in	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
DICAL	SEVERE METABOL	IC ACIDO	SIS. SE	VE RE	SSPHAGI			COMPLETION OF CAUSE OF DEATH?				
ME	DIABETES MELLI	TUS. TY	PE II.					1 TES 2 NO				
ž	HYPERTENSIVE C	ARDIOVAS	CULAR D	ISEASE								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	PLACE OF DEATH (C/	heck only one)						
, XS	1 TYES 2 NO 1	Inputient 2 - ER/		4 🗆 Nursing	iome 5 🗆 Residence	8 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJU (Month, Day, Ye		JURY	INJURY AT WORK?	28d. DEŞCRIBE HOW	NJURY OCCURES	,				
B	2 Accident Investigation				YES 2 NO							
	3 Suicide 6 Could not be determined	building, etc. (URY — At home, farm, : Specify)	street, factory, o	iffice	281. LOCATION (Street City or Town, State)		ral Route Number,				
COMPLETED	no centified											
MPL	(Check only	_										
00	2 MEDICAL EXAMINER:	On the basis of axamin	ation end/or investigation	on, in my opinic								
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NU D 128		≥ MA	NED (Month, Day, Year) Z 8 1990				
10	30. NAME AND ADDRESS OF PERSON WHO	no		0.4-4	1 120		PIAI	. 0 1990				
	The second secon	Addition to the second										
	PETER W. YIM M. 31. DATE FILED (Month, Day, Year)	D. 7900	OLD BRAT	VCH_A	E. SUIT	E 101.CLI	A NOTN	4D. 20735				
		la Davidson	Randall									
	MAI 5 50 74	The second secon										



BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a vicence after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pairmill. I hours after death with the State Dept. of Health and Mental Hyplene prior to burial, cremation, or removal.	7 7 7 7 7
BAL	nours after deat	filled in by the fun on, or removal.	9 0 0
13146,	ecuted within	nd completely 1 burial, crematio	AA A A A A A A A A A A A A A A A A A A
BOX 1	tificate be ex	g physician a lene prior to	A.A
P.0	death cer	attendin ental Hyg	
RECORDS	w requires that the	been signed by the pt. of Health and M	1 1
F VITAL	IYSICIAN: The la	is certificate has	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PH	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	* * * * * * * * * * * * * * * * * * * *

1)	DIRECTOR
ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. wal.	si examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amounts after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit the filled within 72 hours after death with the State Dept. of Heatth and Mental Hyglene prior to burlat, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TIEGISTIAN						OAIL	_ 01	DLA	111		EG. NO.		_	
1. DECEDENT'S NAME (First		- m1								2. DATE OF I	D/		YEAR	3. TIME OF DEATH
Lillie V										April	24	1	990	10:45 PM M
	THE	5. SEX	6. AGE (II	74		IF UNDER	DAYS	HOURS	MIN.	7. DATE OF E (Month, De	y, Ybar)		Countr	
578 40 6089	YRS.		Oct. 31, 1915 North											
9n. FACILITY NAME (If not in										EATH		9c. COL	JNTY OF D	EATH
14712 Willo		Road				Upper Marlboro Md. Prince						nce (George's	
10a, STATE	10b. COUNTY	,			10c. CITY	ITY, TOWN OR LOCATION						1	10d. INSIDE CITY	
Maryland	Princ	e George	t c		Ilnne	er M	ar 1h	oro						LIMITS?
100. STREET AND NUMBER		C OCCIAC			оррс	<u> </u>		1. ZIP COD	E			10g. CI1	IZEN OF V	WHAT COUNTRY?
14712 Willo	ughhy i	Road						2077	2			IInd	+04	Ctataa
11. MARITAL STATUS	agiiby	12. WAS DECEDER						CENDENT (OF HISPA	NIC ORIGIN? (S			14 BACE	States E — American Indian,
1 Never Married 2		FORCES?		TES				ecify Cubi		n, Puarto Rica:			Speci	k, White, atc.
3 X Widowed 4 Dive	orced			1	No					N	0			"Y White
15. DEC (Specify on	CEDENT'S EDU	CATION completed)		16a, DECI	EDENT'S	USUAL O	CCUPATION TO	ON ost of worki	na	16b, KIA	O OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (T	College (1-4 or 5	+)	Ma. E	Do NOT us	e retired.)								
4				Hor	nemal	ker				Ow	n Ho	me		
17. FATHER'S NAME (First, M	Aiddle, Last)							16. MOT	HER'S NA	ME (First, Midd	ie, Maiden	Sumame)		
Von White										Elling				
19a. INFORMANT'S NAME (Type/Print)			19b.	MAILING	ADDRES	S (Street	and Numbe	r or Aural	Route Number, (City or Tow	n, State, Zi	ip Code)	
Sharleen H										Bowie				
2(a, METHOD OF DISPOSIT 1 A Buriel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		oval from Stata		other plac	(85			metery, crea			1,71		d Ma	ryland
21. SIGNATURE OF FUNERA		ENSEE		Jeual	. 11.1.			ND ADDRE		CILITY	Dul	Clair	u IIa.	Lyland
Robei	Robert E. Evans Pus Beall-Evans Funeral Home, P.A. 16000 Annapolis Road, Bowie Md. 20715													
23. PART I Enter the d	diseasea, or o	complications the	at caused	the dea	th. Do n									Approximate
/ shock, or h		List only one ca	use on a	ach line.										Onset and Death
disease or condition		Charl	in n	200		-1	AR	rest						
resulting in death)		DUE TO	OR AS A	CONSEQU	UENCE OF	D)								
		DUE TO b. ark	eri	Sell	ind	ene.	Can	die	ins	curas	1	200	ree.	
Sequentially list condition if any, leading to imme	tions,		(OR AS A											
cause. Enter UNDERLY	ING	C.												
CAUSE (Disease or injute that initiated events		DUE TO	(OR AS A	CONSEQU	UENCE OF	F):								
resulting in death) LAS	ST	d												
PART II. Other significa	ant condition	s contribution to	death h	ut not re	euitina i	in the su	nderlylr	M COLUBA	aluna la	Port I 24	a. WAS AN	AUTOREY		b. WERE AUTOPSY FINDINGS
		Depend									PERFO	RMED?	2**	AMAILABLE PRIOR TO COMPLETION OF CAUSE
7.010 3101		Jacob	7	1743		24	(1	YE8 2	NO		OF DEATH?
										_				1 YES 2 NO
25. WAS CASE REFERRED														
EXAMINER?	TO MEDICAL	HOSPITAL:				OTHE	R:		,	heck only one)				
1 YES 2 NO		1 Inpatient 2		atient 3					lesidence	6 Other (S				
1 Netural 5	Pending Investigation		Day, Year)		26b. TIM INJ	IURY M	W	JURY AT ORK? YES 2	NO NO	28d. DESCR	IBE HOW	INJURY O	CCURED	
2 Accident 3 Suicide	Could not be	26s. PLACE	OF INJURY	— At hon	ne, ferm, i	street, fac	tory, offi	CB					er or Rurei	Route Number,
4 Homicide	determined	bulloting	, etc. (Spec	агу)						City or I	own, State			
29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best o	f my knowi	ledge, des	th occurr	ed at the	time, dat	a and plac	e, and du	e to the cause(a) and ma	nner as at	ated.	
anal .														
29b. SIGNATURE AND TITL	E OF CERTIFIE	R						29c. LIC	ENSE NU	MBER		29d. DA	TE BIGNED	D (Month, Day, Year)
Kenass	Wheel	Ly min						DI	71	62		•	412	6190
30. NAME AND ADDRESS C	OF PERSON WH	O COMPLETED CAI	JSE OF DE	ATH (ITEM	27) (Type	, Print)					_	,	1/2	7710
Linna	whith	y Ms	9.	556	CR	ANN	H	wy	U	oper_m	gal.	bero	M	0.
31. DATE FILED (Month, Day,		Julia David	AR'S SIGN	ATURE)					/	
MAY 08 ,30		Julia David	son-la	modell										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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CIA	ertif	the	9
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NON	: Af	8	90
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A HC	IRE(be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	E
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J.	E	WIE	TA
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												9	0	145	48
	FOR STATE REGISTRAR	STATE OF	MARYLAND / CE		TMENT O					HYGIEN REG. NO.					
	1. DECEDENT'S NAME (First, Midd	fle, Last)							2. DATE OF MONTH	DEATH		YEAR	3. TII	WE OF DEATH	
	Laurence E	Elwood Trovin	nger						April		1990				M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YE		IF UNDER 2		7. DATE OF	BIRTH		7	HPLACI	E (State or Foreig	n
	214-09-0377	1 🖵 M 2 🗆 F	72	YRS.	MONTHS DA	AYS I	HOURS	MIN.	June		1917		rvla	and	
	9e. FACILITY NAME (If not instituti	on, give street and number)	7 62		9b. CITY, TO	WN OR	LOCATIO	N OF DE		9c. COUNTY OF DEATH					
Œ	832 Lanvale S	Street			Наси	arei	town			Washington					
5	RESIDENCE OF DECED				Hage	CLS	LOWIT			-	was	NITTI 15	5 1.01	ı	
DIRECTOR	10a. STATE 10b	COUNTY		10c. CIT	Y, TOWN OR L	OCATIO	NC							INSIDE CITY	
5	Maryland	Washing	ton		Hage	rsto	own							YES 2 NO	
7	10e. STREET AND NUMBER					-	ZIP CODE				10g. CIT	IZEN OF	WHAT (COUNTRY?	
FUNERAL	832 Lanvale S	Street					21	740				USA			
3	11. MARITAL STATUS		NT EVER IN U.S. AR						IIC ORIGIN? (or No-	14. RAC	E — Ar	nerican Indian,	
	1 Never Married 2 Merr	forces?	1 N YES 2 N WAR OR DATES	ww.2.			Ify Cuban		n, Puerto Ric v:	an, atc.)		Spec	ck, White	a, etc.	
ВУ	3 Widowed 4 Divorced	120000000000000000000000000000000000000		WWZ.			7	,		White					
COMPLETED	15. DECEDEN	NT'S EDUCATION nest grade completed)	16a. DE	CEDENT'S	USUAL OCCU	PATION	of working	,	16b, K	IND OF BU	SINESS/INI	DUSTRY			
Щ	Elementary/Secondary (0-12)	College (1-4 or 5	116m	Do NOT u	se retired.)		or working			Aircraft Marrifacturius					
P P	12 years			shee	et meta	al			Aı	Aircraft Manufacturing					
ő	17. FATHER'S NAME (First, Middle,	Last)								t, Middle, Maiden Surname)					
BE C									Susan Elizabeth Cline						
	19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route No.									City or Tow	n, State, Zi	p Code)			
2	Rosemary V.	Trovinger		832	2 Lanva	ale	Str	eet	Hage	rsto	m, M	[ary]	Land	1 21740)
	20e. METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (Name					_	CATION -				
	1 K Burlel 2 ☐ Cremetion 3 4 ☐ Donation S ☐ Other (Spe		other pla		ren Cer	nete	erv			Had	erst	OWD.	M:	aryland	
	21. SIGNATURE OF FUNERAL SE	RVICE LICENSEE	1		22. NAI	ME AND	ADDRES								
	Gerald N. Minnich 305 N. Poto											-	:		
	Funeral Home Hagerstown, Maryland														
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one ceuse on each lins.														
	IMMEDIATE CAUSE (Final												/		
	disesse or condition resulting in death) . Malignunt Melanown, lift wills											16 mm	B		
		DUE TO	O (OH AS A CONSEC	OUENCE C	OF):		/								
Z	with metastagan														
원	Sequentially list conditions if sny, lesding to immediate		O (OR AS A CONSEC	OUENCE C	OF):										
S	cause. Enter UNDERLYING CAUSE (Disesse or injury	d c													
프	that initiated events	DUE TO	O (OR AS A CONSEC	OUENCE C	OF):								i		
ERTIFICATION	resulting in death) LAST	d											_		
0	PART II. Other significant of	conditions contributing t	o death but not a	requiting	in the unde	rivina	COURS O	dven in	Part I	4e. WAS AN	AUTOPEV	2/	h WED	E AUTOPSY FIND	INGS
PHYSICIAN: MEDICAL	4.14	Time land		11	· Mari	,	00000 8			PERFO		1.	AWAJI	ABLE PRIOR TO PLETION OF CAU	
ă	- 7	murpher -	cernor	Mu	myores				— 1	YES :	2 (2-NO			EATH?	-GC
M									_				1 🗌	YES 2 NO	
ÿ															
5	25. WAS CASE REFERRED TO MI EXAMINER?	HOSPITAL:			OTHER:	26. PLA	ACE OF DI	EATH (Ch	neck only one)						
S	1 YES 2 NO		☐ ER/Outpetient 3	□ DOA		g Home	5 1 Re	eldence	6 🗆 Other (Specify)					
1	27. MANNER OF DEATH	28e. DATE C (Month,	F INJURY Day, Year)	28b. TH	ME OF 28	G. INJU WOR	IRY AT		28d. DESC	RIBE HOW	INJURY O	CCUREO			
ВУ	1 Natural 5 Pene 2 Accident Inves	ding stigation			М	1 🗌 YI	ES 2	NO							
	3 Suicide 6 Cou	ld not be building	OF INJURY — At he g, etc. (Specify)	ome, ferm,	street, factory	, office			261. LOCAT	ION (Street Town, State		er or Rura	l Route	Number,	
1	4 Homicide dete	rmined													
12	29e. CERTIFIER (Check only Check only Check only Check only PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.														
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) and menner as stated.														
	29b. SIGNATURE AND TITLE OF						29c. LICE							th, Day, Year)	
8	THE GRANT THE OF	1 1 1/11	1. MA				A A	HOE NO	moen -		290. DA	e f	D DMON	(a)	
2	30. NAME AND ADDRESS OF PE	RSON WHO COMPLETED CA		M 27) /7-	e Print)		150	8 6	5/			71	301	90	_
	THE PARTY OF THE PROPERTY OF THE		THE WEST REPORTED THE	m - 3 (1970)	wy r recent										

1190 MT AETNA RO. HAGERSTOWN,
32. BEGISTRABIS SIGNATURE
JULIA DAVIDSON-RANDELL

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

B

EDSON

31. DATE FILED (Month, Day, Year)
APR 30 '90

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MAR				DEATH AND	MENTAL HYGIEN REG. NO			17043
1. DECEDENT'S NAME (First, Middle, Las	0	02.		112 01	DEATH	2. DATE OF DEATH		3.	TIME OF DEATH
Naomi -	Tracy					MONTH	AY Of C	YEAR	2436 D M
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last b		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	/	8. BIRTHPLA Country)	CE (State or Foreign
215-18-2441	1 🗆 M 2 🖟 🖁	68	YRS.	THS DAYS	HOURS MIN.	Feb. 15, 1	L922	Maryl	and .
9a. FACILITY NAME (If not institution, giv	e street and number)		.9b.	CITY, TOWN (OR LOCATION OF D	EATH	9c. COU	NTY OF DEAT	н
Washington Cour	nty Hospital			Hager	stown		Was	hingto	n
RESIDENCE OF DECEDENT 10a, STATE 10b. COU	iTY	15	10c. CITY. TO	OWN OR LOCAT	TION			104	1. INSIDE CITY
Maryland Wa	ashington			gerstov					LIMITS?
10e. STREET AND NUMBER				101	. ZIP CODE		10g. CITI	ZEN OF WHA	T COUNTRY?
1644 Timberlan	2				21740		USA		
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVI	ES 2 NO				NIC ORIGIN? (Specify Ye an, Puarto Rican, etc.)	s or No —	14. RACE — Black, W	American Indian, hita, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES A		1 🗌 YES	2 NO Speci	fy:		Specify:	White
15. DECEDENT'S E (Specify only highest gri	DUCATION of a complete of	16a. DECE	DENT'S USU	IAL OCCUPATIO	DN set of working	16b. KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	o NOT use rei	done during mo ired.)	ot or working				
12 years		Tin	ne kee	eper		Roper-		ern	
17. FATHER'S NAME (First, Middle, Last)	Craid					AME (First, Middle, Maider Hatfield	Surname)		
Henry Harrison 190. INFORMANT'S NAME (Type/Print)	Spard	105.1	MAII ING ADI	DECC /Closel		Route Number, City or Tov	on Chain 7in	Codel	
George C. Trac	У			imberla		erstown, M			740
20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Removal from State 4 Departion 5 Other (Specify) Cedar Lawn Memorial Park Hagerstown, Maryland									
4 Donetton 5 Other (Specify) Cedar Lawn Memorial Park Hagerstown, Maryland									
strall)	1. 11 Wm	con		Geral	d N. Min al Home	nich 305			Street
23. PART I. Enter the diseases, o			h. Do not			ch as cardiac or resp	iratory an	rest,	Approximate
shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition	e. List only one cause of	Aug (-	7,60	Nate	M				Interval Between Onset and Daeth
resulting in death)	e. FUE TO OR	AS A CONSEQU	MINCE OF:	1/	1	1			
	- W1729	10 sex	XC	HEA	INT 1	D18009E			!
Sequentielly list conditions, If eny, leading to immediate	DUE TO (OR	AS A CONSEQU	ENCE OF):		- 7				
cause. Enter UNDERLYING CAUSE (Disease or Injury	c. DUE TO (OR	AS A CONSEQU	IENCE OF:						
that initiated events resulting in deeth) LAST	4								
PARTY II OIL III III III III III III III III						1			1
PART II. Other significant condit	ions contributing to dea	th but not res	suiting in t	ne underlyin	g cause given ii	PERFO	RMED?	AV	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DIMPLETION OF CAUSE
			-			1 TYES	2 NO		DEATH?
								11	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				96 D	LACE OF DEATH (C	theck ank are!			
EXAMINER?	HOSPITAL:	Outpation 2		THER:	,				
27. MANNED OF DEATH	26s, DATE OF INJU	JRY	28b. TIME O	F 28c, IN.	JURY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CURED	
1 Natural 5 Pending	(Month, Day, Ye		INJURY	W	YES 2 NO		VIII.		
2 Accident Investigate 3 Suicide 6 Could not determined	26s. PLACE OF IN. building, etc.	JURY — At hom (Specify)	e, ferm, stree	et, factory, offic	00	281. LOCATION (Street City or Town, State		or or Rural Roul	te Number,
29a. CERTIFIER	YSICIAN: To the best of my	rnowledge dest	h occurred a	the time date	and place, and de	se to the cause(s) and m	onner as etc	rtad	

rurs after death, Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 211

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF HE		MENTAL HYGIEN REG. NO.	E	
	1. OECEDENT'S NAME (First, Middle	le, Last)				2. DATE OF DEATH	v ve	3. TIME OF DEATH
	MURHE	Myrtle S	cheel ?	Tanner		MONTH DA	0.7	5 094 "
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	2 9	HRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution	on, give street and number)	1 1	9b. CITY, TOWN OF	R LOCATION OF DE	ATH .	9c. COUNTY	Nebraska De Death
<u>ب</u>		l Medical Cen	tor		napolis			e Arundel
15	RESIDENCE OF DECEDE	NT	CCI	AIII	iapoiis		Allile	e Alundel
DIRECTOR	7 00	COUNTY	10c, CIT	Y, TOWN OR LOCATION	ON			10d. INSIDE CITY LIMITS?
		Queen Anne's		evensi	1.116			1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER	av. 17		101.	ZIP CODE	/	10g. CITIZEN	OF WHAT COUNTRY?
崇		nner's Lane			2100	00		S.A.
	11. MARITAL STATUS 1 Never Merried 2 Merrie	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	13. WAS DECE It yes, spec	NDENT OF HISPAN cify Cuben, Mexice	IIC ORIGIN? (Specify Yes n, Puerto Rican, atc.)	or No— 14.	RACE — American Indian, Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES 1	1 TES	2 NO Specify			Specify: White
밀	15. DECEDEN (Specify only highe	T'S EDUCATION est grade completed)	(Give kind of	USUAL OCCUPATION	t of working	16b. KIND OF BUS	BINESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Supply A Mail car	dministra	ator	Anne Ar U.S. Po	rundel	County
S S	17. FATHER'S NAME (First, Middle,		raii cai	TIGE	18. MOTHER'S NA	ME (First, Middle, Maiden		ervice
E O	Herman Sc	heel		1	Rosa	Neuijahr		
3 0	19e. INFORMANT'S NAME (Type/Pr		19b. MAILING	ADDRESS (Street an		Soute Number, City or Tow	n, State, Zip Coo	le)
2	Thomas C.	Tanner, Sr.	150	Tanner'	s Lane	, Steven	svill.	e. MD 21666
	20g. METHOD OF DISPOSITION 14% Burlel 2 Cremetion 3		. PLACE OF DISPO	SITION (Name of ceme			CATION — City	
	4 Donation 5 Other (Spec		other place) tevensy	ville Ce	emeterv	St	evens	ville. MD
	21. SIGNATURE OF FUNERAL SER			22. NAME AND	D ADDRESS OF FA	CILITY		
845	> Thomas	V. Heldenker	~	Rt. 1		ein Fune		MD 21619
	23. PART i. Enter the diseas	es, or complications that cause	d the death. Do					Approximate
	shock, or heert i	feliure. List only one cause on e			1.			interval Between Onset and Death
	disease or condition resulting in death)	· (and	ac a	arres	1			
	resulting in death)	DUE TO (OR AS	CONSEQUENCE C	PF):				
Z	Sequentially list conditions,	6						
CERTIFICATION	if any, leeding to immediate		CONSEQUENCE C	PF):				
2	CAUSE (Disease or Injury	C. DUE TO (OP AC	A CONSEQUENCE O	AF).				
	that initiated eventa reautting in death) LAST	00L 10 (01 A3)	- CONSECUENCE C	, , , , , , , , , , , , , , , , , , ,				į i
		d						
A	PART II. Other eignificent co	onditione contributing to deeth t	out not reculting	in the underlying	cause given in	Pert I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						1 _ YES 2		COMPLETION OF CAUSE OF DEATH?
MEDIC								1 TES 2 NO
Z Z	25. WAS CASE REFERRED TO MEI EXAMINER?	HOSPITAL:			ACE OF OEATH (Ch	eck only one)		
PHYSICIAN:	1 TYES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA	OTHER: 4 Nursing Home	5 🗆 Residence	6 Other (Specify)		
F	27. MANNER OF DEATH	26e. OATE OF INJURY (Month, Day, Year)	26b. TII	JURY WOR	RK?	26d. DEŞCRIBE HOW	NJURY OCCUR	ED
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 2 28. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number,							
ED	3 Suicide 6 Could 4 Homicide deter	d not be building, etc. (Spe	cify)	street, ractory, office	'	City or Town, State)		rurai riouta Number,
ET	29e. CERTIFIER							
COMPLET	(Check only	NG PHYSICIAN: To the beat of my know EXAMINER: On the basis of examination						nuse(a) and manner as stated
00			silvestigett	T T				
B B	291 AICH ATTURE AND LITLE OF C	Dollata	-	()	296-LICENSE NUI	7 (B	PRIC DATE SI	16.190
E 0	20 NAME AND ADDRESS OF RES	RSON WHO COMPLETED CAUSE OF O	FATH (ITEM 27) (Tro	a Print)	700	/-(/	- 4	77

Goldstein

32. REGISTRAR'S SIGNATURE
Julia Davidson-Pandall

Howard

9 '90

31. DATE FILED (Month, Day, Year)

APR O

D.

205 Ridgely Ave., Annapolis, MD

T.O. DON 13140, BALLIMONE, MARIE LAND 21203-3140	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, in when the first man with the State Dent. of Health and Mental Hydiene prior to burial, cremation, or removal.	ry or other traumatic event, the medical examiner must be notified at once
DIVISION OF VITAL RECORDS, 7:0: BOX 13149,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire shad within 70 hours after death with the State Dent of Health and Mental Hydiene prior to burial, cremation, or removal.	important if then 28 is marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once.

	1	FOR STATE REGISTRAR	STATE OF M	MARYLAND /				EALTH DEAT		MENTA	L HYGIEN	E	50	1400)
		DECEDENT'S NAME (First, Middle, Last)	-	0.		IOAII		DEA		a DATE	OF DEATH		1.7	IME OF DEATH	_
	7				£1					MONT	'H DA		EAR J. I	IME OF DEATH	
	II.		ESTER		MME					May		990			M
V	I	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR DAYS	HOURS	MIN.		OF BIRTH th, Day, Year)		BIRTHPLAC Country)	CE (State or Foreign	
1	Ì	212-18-4348	1 M 2 D F	7.3	YRS.	- William	UNTS	Houris	mire.		.31.1	916 V	irgi	inia	
1	li	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE			9c. COUNTY			
/ E	-11		-					**							
DIRECTÓR	H	Annabolis Conv	alescei	nt Cent	er	A	nna	pol	1.5			Anne	Ar	undel	_
	H	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN (OR LOCAT	NON					10d	, INSIDE CITY	_
<u>E</u>	ı	Manualand	A 3	. 7	-	Α .								LIMITS?	
	1		Arund	БТ		Anna								YES 2 NO	_
FUNERAL	- 1	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITIZER	OF WHAT	COUNTRY?	
15	1	101 Mansion Dr	ive				- 1	2	1403	3		U.S	. A .		
15	I	11. MARITAL STATUS	12. WAS DECEDEN	IT EYER IN U.S. AR	MED						N? (Specify Yes	or No- 14	RACE -	American Indian,	
	H	1 Never Married 2 Married		MAR OR DATES	ю			2 IN NO			Rican, atc.)		Black, Wh Specify:	ina, etc.	
B	H	3 Widowed 4 Divorced		-1945				- 6		, -		To To	hite	9	
0	-	15. DECEDENT'S EDUC	CATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON		16	b. KIND OF BUS	- 40			
E		(Specify only highest grade		(G	ive kind of Do NOT u	work done se retired.)	during mo	ist of worki	ng		Tı	ansi	t		
٦	-	Elementary/Secondary (0-12)	College (1-4 or 5		220	port	0 4 3	0.00		7.0	lochin	at an	Mati	napalit	
g Š	- 11		4	11	ans	port	all						meti	ropoliti	
COMPLETED		17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden				
E W		Shirley V. Tr	immer					M	ary	Sha	drack				_
E O		19a. INFORMANT'S NAME (Type/Print)		194	b. MAILING	ADDRES	S (Street a	and Numbe	r or Rural	Route Nun	nber, City or Town	n, State, Zip Co	rde)		
2		Charlotte J.	Trimme	r	101	Man	sio	n D	rive	. A	nnapo	lis.	MD 2	21403	
2	ı	20a METHOD OF DISPOSITION 1 ♣ Burial 2 ☐ Cremation 3 ☐ Remo		20b. PLACE	OF DISPO							CATION - CIT			
	I	1 Burial 2 Cremation 3 Remo	oval from State	other of	Vor	oct	Com	ete	71 3 <i>T</i>		An	napol	ie	MD	
5	1	21/SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	1	LC1	22	NAME A	ND ADDRE	SS OF FA	CILITY	37.11	nepol	10,	LY IV	_
	-	(1) 1.1	1 4	.//		T	avl	or	Fune	ral	Chap	el		21401	
Z C	ļ	KIMOLA	0/14	114-							St.,				
3	7	23. PART I. Entar the diseases, or c	omplications the	caused the de	ath. Do									Approximata	
200		shock, or heart failure.	List onlyjone ca	ase on each line	. /	70		ou or u,	mg, ado	-	0 /	1	"	intarvai Betwee	
9	И	IMMEDIATE CAUSE (Final	// 1/	2000	1/	//	_		/		11 11		- 1	Onset and Peat	h
5	ı	disease or condition resulting in death)	root	OOKE.	Tu	m	8m	see	8 8	nus	Bottle	1		Lday	2
50	П		DUE TO	OF AS A CONSE	QUENCE C	F):		6						0	
Z	ı	-													
2		Sequentially list conditiona, if any, leading to immediate	DUE TO	(OR AS A CONSE	QUENCE O	W):									П
<u>¥</u>	ı	cause. Enter UNDERLYING													
		CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A COMBE	QUENCE C	MF):									
E		reaulting in death) LAST				240							- 1		
CERTIFICATION			s												-
5	ì	PART II. Other significant condition	a contributing to	death but not	reculting	in the u	nderlyin	g cause	given in	Part I.	24a. WAS AN	AUTOPSY	24b. WEI	RE AUTOPSY FINDINGS	8
Z S		alsheim	21/2	Y/en			•				PERFOR	RMED?		MLABLE PRIOR TO	
		Wyruemu		HUM	0	2					1 TYES 2	NO		DEATH?	
MEDIC.													10	YES 2 NO	
- S													1		
red, or liem 23 snows any in PHYSICIAN: MEDICA		25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF I	DEATH (Ch	heck only o	one)				_
[]		EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ pos	OTHE				400	er (Specify)				
ĕ ≚	H	27, MANNER OF DEATH	28a. DATE O		26b. Til			JURY AT	HERIOETICE		SCRIBE HOW I	N HIRV OCCU	000		_
힐		1 Natural 5 Pending		Day, Year)		JURY	WC	ORK?		260. 01	SOCKIDE HOW I	NJUNT OCCU	NEO		
BY PH	1	2 Accident Investigation				RA .		YES 2	U NO						
		3 Suicide 8 Could not be	28e. PLACE (OF INJURY — At he , etc. (Specify)	ome, farm,	street, fed	ctory, offic	Ce			CATION (Street y or Town, State)		Rural Route	Number,	
2 E		4 Homicide detarmined													
COMPLETED	1	29a. CERTIFIER 1 CERTIFYINO PHYSI	CIAN: To the best of	d my knowledou.	with account	red at the	time data	and etc.	a and de-	n in the c	minafel and m-	nner en state d			
BE COMPLE		(Check only one) 2 MEDICAL EXAMINE		-										d manner as stated	
8 8				/			-printers, 6				- and prove, at				
BE (296. SIGNATURE AND TITLE OF CERTIFIE	2-6		0			29c. LIC	ENSE NU	MBER	<u> </u>	29d. OATE S	HONED (M	inth, Day, Year)	
¥ 0		C/our	X	que	-11	/			184	22	7	4	110	471)	

Day,

32 REGISTRAR'S SIGNATURE

Julia Davidson-Handala

DHMH-16 Rev 1/89

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R ATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
GISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)			F.				2. DATE OF DEA	ATH .		3. TIME OF DEATH
•	Betty		Taisho	off				монтн May 7	199	YEAR	2:45 A.M.M
1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les		IF UNDER 1 YE	AR IF UNDE	Pl 24 HRS.	7. DATE OF BIRT	TH	8. BIRT	HPLACE (State or Foreign
	577-48-7598	1 M 2 F	84	YRS.	MONTHS DA	YS HOURS		(Month, Day,)		Coun	
	9a. FACILITY NAME (If not institution, give st		04		9b. CITY, TO	WN OR LOCAT				OUNTY OF	USSÍA DEATH
בסוסם	Washington Advent		ital			a Parl				lontgo	
ונ	10a. STATE 10b. COUNTY			10c. CITY	TOWN OR L	OCATION					10d. INSIDE CITY
5	Md Montgo	nm <i>e</i> rv		Poo	kvill	2					LIMITS?
1	10e. STREET AND NUMBER	MICLY		I ROC	VATITI	101. ZIP CO	DE		10g.	CITIZEN OF	WHAT COUNTRY?
	4720 Hornbeam Dri	lve				208	53			U.S	. A .
5	11. MARITAL STATUS		IT EVER IN U.S. AR			DECENDENT	OF HISPAN	NC ORIGIN? (Spec		- 14. BAC	E — American Indian, ck, White, etc.
-	1 Naver Married 2 Merried	FORCES? 1	YES 2 XI	NO		s, specify Cub YES 2XXNC		n, Puerto Ricen, e v:	tc.)	Spec	Carlo Control Control
0	3 📉 Widowed 4 🗌 Divorced									<u> </u>	White
3	1S. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S U	JSUAL OCCUI	PATION g most of work	dng	16b, KIND	OF BUSINESS	INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)						Home		
E I	12		** ***	Home	Maker						
3	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, I	Waiden Surnam	e)	1
	Louis	Me	eyerovit				Mo11				
2	19a. INFORMANT'S NAME (Type/Print)	/ 1 1 4 -						Route Number, City			
	Irma Einheber	(daughte						Rockvill	e Ma		
	VI Burial 2 - Cremation 3 - Rame	oval from State	// other pi	lace)		of cemetery, cre					
	21. SIGNATURE OF FUNERAL SERVICE LIC	INSEE	KING	David		rial (Falls_	Churc	eh, Va
	MIC	-h /	4.					berg Me	morial	Char	els
	sarry	10.1	suce		1170	Rocky	ville	Pike:	Rockvi	11e.	Md 20852
	23. PART I. Enter the diseases, Dr c ahock, Dr heart failure.	:omplications the List only one car	it caused the de use on each line	eath. Do n n.	ot antar the	mode of d	ying, suc	h as cardiac oi	respiratory	arrest,	Approximata interval Between
	IMMEDIATE CAUSE (Finel disease or condition	0-1	dian		· C	V.	//				Onset and Death
	reaulting in death)	you	ary	enic	1 8	-1/4	MI		- 1		ummed
		DUE TO	(OR AS A COMME	QUENCE OF	011	tour	. 1	1110	treus	2	1
5	Sequentially list conditions,	b. DUE TO	OR AS A CONSE	QUENCE OF	UW	rem	1-	viggo	we	0	aumed
RIIFICALION	if any, leading to immediate cause. Enter UNDERLYING			(1	15	/		//			
:	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE OF):	1					
	resulting in death) LAST	d									
5	DARK II. Oak a ale alle ale ale		doub to a con-			4.1		n I .		1	
¥	PART II. Other significant condition	s contributing to	death but not		the under		givan in		WAS AN AUTOP PERFORMED?	'SY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDI	manag	G Caco	yu.	V	eng	ne)	11.10	74.44	YES 2 YO)	OF DEATH?
Ž	Jenene	Com	augu	y a	nie	Ry U	Max	asic			1 TYES 2 NO
SICIAN	05 W00 0405 D555DD50 TO M50/044			1		/					
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	☐ ER/Outpatient :		OTHER:	PLACE OF					
Z HYS	1 VES 2 NO	28a, DATE OF		28b. TIME		Home 5	Residence	8 Other (Spec		OCCUPED	
	1 Netural 5 Pending		Day, Year)	MU	TIMA	WORK?	□ NO			00001120	
Ŕ	2 Accident Investigation 3 Suicide 6 Could not be		OF INJURY — At h	ome, farm, s				28f. LOCATION	(Street and Nu	mber or Rura	I Route Number,
3	4 Homicide 6 Could not be	building	, etc. (Specify)					City or Town			
MPLEIE	29a. CERTIFIER	CIAM: To the best o	d my knowledne id	anth annum	d at the time	deta and pla	no, and du	to the course(s)	ad manage as	atetad	
È	Journal and	7									(s) and manner as stated.
3	298 SIGNATURE AND TITLE OF DENDERLY	7	K.		S. Control M. Collection					-	
ᆲ	71 /A. 2 N	Um.	aille	1 NI		1	CENSE NU	1.0	h		B (Month, Day, Hun)
2	M. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEATH //TS	M 27) /Sime	Print)	11/	11/	TU	1.	May 7	, 1990
	A STATE OF S		35.00		70.	02 5	.i.~	ма эло	0.2		
	Dr. Alan Kermaie: 31. DATE FILED (Month, Day, Ybar)	32. REGISTR	AR'S SIGNATURE			er Spr	Lug,	ria 209	UZ		
	WAY 11 '90	July	ia Davidson	-Rando	02						

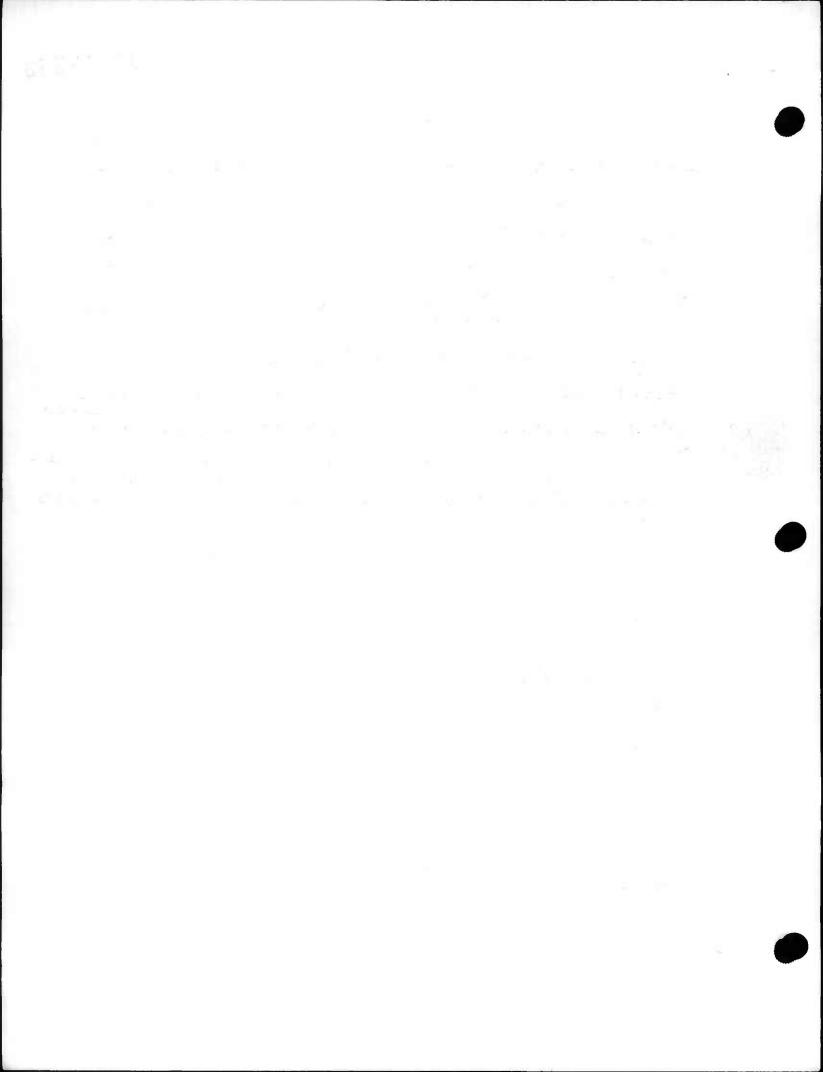
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OC.	R	ULS	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer	be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examining man
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THE	E	Flied	S
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										90	1455
	FOR 1 - STATE REGISTRAR	STATE OF MA			MENT OF	HEALTH AND	MENTA	L HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)			41				OF DEATH			IME OF DEATH
	Howard We	slev	Tavl	or			Apr		7. 190	AR OO	3:40PM M
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			E (State or Foreign
	220 03 4672	1 X M 2 F	1.0	YRS.	MONTHS DAYS	HOURS MIN.	(Mont	th, Day, Year)	211	Country)	D.
	9a. FACILITY NAME (If not institution, give str		68		Oh CITY TOWN	OR LOCATION OF D	EATU.	721	9c. COUNTY	OF DEATH	
m					SE CIT, IOWN	ON LOCATION OF D	CAIN		SC. COONTT	OF DEATH	
0	Kent & Oueen Ann	<u>e's Hospi</u>	tal		_Cheste	rtown,			Kent.		
입	10a. STATE 10b. COUNTY			10c. CITY	TOWH OR LOC	ATION		,		10d	INSIDE CITY
DIRECTOR	MD k	KENT			CHES	TERTO	SWA	1		130	LIMITS?
1 - 1	10e, STREET AND NUMBER					DI. ZIP CODE		-	10g. CITIZEN		
FUNERAL	RR # T	30x 30	-4			216	20		1	15/	٠.
=	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARE	MED	13 WAS DE	CENDENT OF HISPA	-	N2 (Specify Yes	or No. 14	BACE - 4	mericen Indien,
[교	1 Never Merried 2 Merried	FORCES? 1	YES 2 N		If yes, s	pecify Cuben, Mexic	en, Puerto			Black, Wh	Ite, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAT	VA TT		1 U YE	S 2 NO Speci	rry:			Specify:	W
<u>a</u>	15. DECEDENT'S EDUC		16a. DEC	CEDENT'S	USUAL OCCUPAT	TON	161	b. KIND OF BUS	INESS/INOUST	RY	
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Gh	ve kind of w Do NOT use	ork done during no retired.)	nost of working					
4	4	·	ME	CHA	NIC /	NELDEN	2	AUTO	MUT	11/8	
COMPLET	17. FATHER'S NAME (First, Middle, Last)				/	16. MOTHER'S N	AME (First,				
O O	ALEXANDER		TAYL	OR		CHA	RLO	TTIE		RE	ED
0	19a. INFORMANT'S NAME (Type/Print)			MAILING	ADDRESS (Street	end Number or Rural	4		n. State. Zio Coo		7-1620
12		RANK		RR	# <	Bax 30	21	CHES		.4	MI
A	200. METHOD OF DISPOSITION	KINK	20h PLACE (OF DISPOS	ITION (Name of a	emetery, crematory or			CATION — City	or Town	r 19
(2)	1 Suriel 2 Cremetion 3 Remo	val from State	Other pla	ce)	-0	FMETE	11	PH	ECTE.	A COLUMN	al La
鄅	4 Donation 5 Other (Specify)	FNSEE	10116	.>16		AND ADDRESS OF F	ACILITY		16318	(100	32, PL
	~m/	1. / 20	0				(CHESTE	ERTOW	N	MD.
	/ Jaron /	Will	h		WIL	LIAMS	FUN	ERGAL	Ham	ς.	21620
	23. PART I. Enter the diseases, or c				ot enter the m	ode of dying, su	ch ee cer	rdiec or reepi	retory arrest	,	Approximete
	shock, or heart fellure. I IMMEDIATE CAUSE (Fine)	list only one ceus	e on eech line.	•						j	Interval Between Onset end Death
	discour or condition	Malignan	icy of F	light	Lung a	nd Madia	ctin	ım tyna	unkno	nun	
	resulting in death)	DUE TO (OR AS A CONSEC	DUENCE OF):	ind ricard	30111	alli chte	uuxux	וואל	
2	C .										
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate	OUE TO (C	OR AS A CONSEC	OVENCE OF):						
181	cause. Enter UNDERLYING CAUSE (Disease or injury										
直	that initiated events	DUE TO (C	OR AS A CONSEC	QUENCE OF):						
臣	resulting in death) LAST	ı									
1 - 1	PART ii. Other eignificent conditions		leath had not a	n a colate a a l	_ Ab =		- D1		ALIMANAN		ar almanay mananan
₹	XXXXXXXX aXXX XXXXXXX			esulting i	n the underly	ng ceuse given i	n Part I.	24a. WAS AN PERFOR		AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO
	ANDALISAL CHINI ANVITA	844464444	ፈ ራላ ዕለ					1 TYES 2	□ NO		MPLETION OF CAUSE DEATH?
M	ASCVD and Atri	alfibrill	ation							1 [YES 2 NO
Ë								:			
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (C	check only o	one)			
S	1 TES 2 TO NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ome 5 - Residence	6 🗆 Oth	er (Specify)			
Ť	27. MANNER OF DEATH	26a. DATE OF II (Month, De)		28b. TIMI	E OF 28c. II	NJURY AT VORK?	28d, OE	SCRIBE HOW I	NJURY OCCUR	EO	
ВУ Б	1 X Natural 5 Pending 2 Accident Investigation	(, 1000)			YES 2 NO	1				
	3 Suicide 8 Could not be		INJURY - Al hote. (Specify)	me, farm, s	treet, factory, of	lice		CATION (Street of yor Town, State)		Aurel Route	Number,
COMPLETED	4 Homicide determined	sorrang, e	(, (1810)			
7	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of r	ny knowledae, de	ath occurre	d at the time. da	ite and place, and de	ie to lhe c	euse(a) and ma	nner as stated.		
MF	(Check only one) 2 MEDICAL EXAMINE									ause(e) and	d menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			_		29c. LICENSE N					nth, Day, Year)
H	DIANA	=	*			D01250	- MARKETT		DH-	ーマラ	7-97
ဥ	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE	OF DEATH (ITE	M 271 /7ma	Print)	1 50,200				-	, , ,
4 1				/ 1 1/1/0,							

Chestertown, MD

32. REGISTRAR'S SIGNATURE

DR. Robert Farr
31. DATE FILED (Month, Dey, Year)
APR 3 0 '90



DIVISION OF VITAL RECORDS, P.O. BOX 13146, OR ATTENDING PHYSICIAN: TI L DIRECTOR: After this certificate 2 hours after death with the State

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s has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but		tarked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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fter this certificate	leath with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or re	rked,
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CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH rbanske LOIS Irene 2:30 AM 04 28 A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 227709468 89 May 6, 1900 Caldwell Kansas 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Greenbelt Nursing Home Greenbelt Prince George's RESIDENCE OF DECEDENT VIRGINIA 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ARLINGTON ARLINGTON 1 X YES 2 NO 100. STREET AND NUMBER 634 South 21st Street 101 ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 22202 U.S.A. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noff yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 NO 1 Never Married 2 Married Specify: White 3 🛛 Widowed 4 🗌 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest gr (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+1 Elementary/Secondary (0-12) 12th Grade None Housewife Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) David F. Blosser Rella Shaklee 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) David F. Urbanske (Son) 9807 Dolby Avenue, Glenn Dale, Maryland 20769 20s. METHOD OF DI 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c, LOCATION - City or Town, State 3 🗆 Re George Washington Cemetery Adelphi, Maryland Donation 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, Md. 20781 Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, 23. PART L shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition cardiovascular olisease resulting in deeth) Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF)that initiated events reaulting in deeth) LAST PART II. Other algorificent conditions contributing to deeth but not reaulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 7 1 YES 2 NO congestive 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 8 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 8 Pending 1 YES 2 NO 2 Accident 3 Suicide
4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFICA 29c. LICENSE NUMBER 29d. DATE ENGNED (Month, Day, Your) D26391 are my 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Marcia Kane, M., D. 7243-A Hanover Pkwy, Greenbelt, Md. 20770

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAY 0 2 '90 Davidson-Randell

DHMH-16 Bay 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

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1314	executed	
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O. BC	certificate	
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OF VI	PHYSICIAN:	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	
۵	ITAL 0	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

page 5 should be detached for use as the burial-tra		be notified at once.
in by the funeral directo	removal.	edical examiner mu
and completely filled li	to burial, cremation, or	matic event, the me
the attending physician	Mental Hygiene prior t	njury, or other traus
te has been signed by	ite Dept. of Health and	im 23 shows any l
TOR: After this certifical	after death with the Sta	28 is marked, or ite
THE FUNERAL DIREC	e filed within 72 hours	MPORTANT: If Item .
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra- be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.

FOR STATE REGISTRAR		STATE OF MARY				HEALTH AND	MEN	TAL HYGIEN	E		
1. OECEDENT'S NAME (First,	Middle, Last)				<i>-</i>			ATE OF OEATH		3.	TIME OF DEATH
Joseph		Vayvad	а					May 2, 1	990	EAR	7:00 A. M
4. SOCIAL BECURITY NUMB	ER		E (in yrs. last		F UNDER 1 YEAR		7. D/	TE OF BIRTH	0.	BIRTHPL Country)	ACE (State or Foreign
195-09-9732			3	YRS.	ONTHS DAYS	OR LOCATION OF D	Dec	c. 25, 1		enns	ylvania
7300 Mason	Street					tville	LAIN		11		eorges
RESIDENCE OF DEC	10b. COUNTY			10c. CITY.	TOWN OR LOC	ATION				10	od. INSIDE CITY
Maryland	Princ	e Georges			estvil						LIMITS?
10e. STREET AND NUMBER					T	10f. ZIP CODE			10g. CITIZEN		AT COUNTRY?
7300 Mase	on Stro	ot				20747			11 9	S.A.	
11. MARITAL STATUS		12. WAS DECEDENT EVE	R IN U.S. ARE	AED		ECENOENT OF HISPA				RACE -	- American Indian,
1 Never Married 2 🔀		FORCES? 1 XYI	ES 2 NO	0		epecify Cuban, Mexic ES 2 NO Speci		rto Rican, etc.)		Specify:	Yhite, etc.
3 Widowed 4 Divo	rced	1942 - 19	45			K					white
15. DEC (Specify onl)	EDENT'S EDUCA highest grade o	ATION ompleted)	(Gh	re kind of wor		TION most of working		16b. KIND OF BUS	SINESS/INDUS	TRY	
Elementary/Secondary (0	-12)	College (1-4 or 5+)		Do NOT use				** 0 0			
12			FED	Emp1	oyee			U.S. Go		ent	
17. FATHER'S NAME (First, M								rst, Middle, Maiden			
	ayvada					Sarah		Zadjeik			
19a, INFORMANT'S NAME (7	,,					t and Number or Rural					
Eleanor Ke						t. Forest					
20a. METHOD OF DISPOSIT	n 3 🗆 Remo	val from State	20b. PLACE (other pla	OF OISPOSIT	ION (Name of	cemetery, cremetory or		No.	CATION — City		
4 Donation 5 Other			Ced	ar Hi		MATORY		LSui	tland,	MD	
21. SIGNALDRE OF POWERA	Senvice Da	71.0									tland Rd. , MD. 20740
23. PART I. Enter the	0	maileathas that say	eu,	ath Do							
		ist only one cause or		stn, Do no	t enter the i	node of dying, su	Cn es	ceroisc or resp	iretory arres	ι,	Approximats Interval Between
IMMEDIATE CAUSE (Fir	nai	((n	de	901	agner	11	140.500			Onset and Death
resulting in death)	→ .		ca	ioni	10	Cody	700	mud			
		DUE TO (OR A	S A CONSEC	UENCE OF):	non	nehus	11	mu /	200016	(10	011 011
Sequentially list condit		DUE TO (OR A	S A CONSEC				U	1	The same	ca	000
if any, leading to imme cause. Enter UNDERLY		(02	h	du	usu	rae	à	000	0.		
CAUSE (Disease or Inju- that initiated events	iry C	DUE TO (OB A	S A PONSEC	UENCE OF:	1	1	1				
resulting in death) LAS	T .	Toive	Utr	icu	con	sou	u	ne			
						9			(100000)		1
PART II. Other algolitics	ent conditions	contributing to deat	h but not n	suiting in	the underly	ing cause given it	n Part	I. 24a. WAS AN PERFO			YERE AUTOPSY FINDINGS MAILABLE PRIOR TO
		COPZ						1 TYES	DNO		OF DEATH?
										1	☐ YES 2 AO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:				PLACE OF DEATH (C	check or	nly one)			
1 TYES 2 NO		1 - Inpatient 2 ER/	Outpetient 3		OTHER: I 🗆 Nursing H	ome 5 l Residence	8 🗆	Other (Specify)			
27. MANNER OF DEATH		28a. OATE OF INJU (Month, Day, Ye		28b. TIME INJU		INJURY AT WORK?	28d.	DEŞCRIBE HOW	INJURY OCCUI	RED	
1 Netural 5 2 Accident	Pending investigation				M 1 [YES 2 NO					
3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE OF INJ building, etc. (URY — At ho Specify)	me, farm, st	reet, factory, o	ffice	261.	LOCATION (Street City or Town, State	and Number or)	Rural Ro	ute Number,
29a. CERTIFIER	TIEVING BUVOIC	CIAN: To the best of my k	nowledge de	eth one	at the time	ata and size- and d	in to at	a someoft and	anne ne mint : 4		
const only		3: On the basis of exemin									and manner as stated.
29b. SIGNATURE AND TO	OF CERTIFIER	Mare	No	杖		292 LICENSE M	UMBER /	860	29d. DATE 5	O CO	Month, phy. Mayr)
30. NAME AND ADDRESS O	ACREON WHO	COMPLETED CAUSE OF	DEATH (ITE	M 27) (Type, I	Print)					1	100
31. DATE FILED (Month, Day,)(Sar)	30. REGISTBAR'S S	IGNATURE	delle							· - · · - · - · · · ·
MMA	JU	Hame book look									

DHMH-18 Rev 1/89

ched for use as the burial-transit permit. Pages 1, 2, 3 should lospital or attending physician. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mounts after death. Place 6 man TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If I tem 28 is marked, or I tem 23 shows any Injury, or other traumatic event, the medical examiner must

ND 21203-3146

BALTIMORE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENE REG. NO.			- 0 14		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. OATE O				3. TIME OF DEATH		
	GEORGE M	MARION	VANSANT			Mav	1, 199	0	YEAR	1:45 P M		
- 1	4. SOCIAL SECURITY NUMBER	5. SEX Male 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	F BIRTH			PLACE (State or Foreign		
	152 10 7994	1 № M 2 🗆 F 89	YRS.	THS DAYS	HOURS MIN.		23, 19			yland		
	98. FACILITY NAME (If not institution, give Magnolia Hall Nur			hester	R LOCATION OF DE	EATH		Sc. COUNT				
2	RESIDENCE OF DECEDENT											
١	10a. STATE 10b. COUNT	TY .		OWN OR LOCAT						10d. INSIDE CITY LIMITS?		
5	Maryland H	Kent	Chest	ertown	RFD)			1 TES 2 NO			
2	100. STREET AND NUMBER RFD Quake			USA	N OF W	HAT COUNTRY?						
	11. MARITAL STATUS Married	12. WAS OECEDENT EVER II	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN?	(Specify Year	r No.— 1	4. BACE	RACE — American Indian,		
	1 Never Married 2 Married	FORCES? 1 YES	ATES		2 NO Specifi				Bleck	, White, etc.		
5	3 Widowed 4 Divorced		No		25	'No			W	hite		
3	15. OECEDENT'S EDI (Specify only highest grad	JCATION le completed)	16a. DECEDENT'S USU	done during mo	N st of working	16b. F	CIND OF BUSI	NESS/INDU	STRY			
<u>i</u>	Elementary/Secondery (0-12)	College (1-4 or 5+)	Mason ry	tired.)	cklayer							
	11		mason Ty	DI 1								
3	17. FATHER'S NAME (First, Middle, Last) George	VanSant			Julia N			urname)				
4	19a, INFORMANT'S NAME (Type/Print)	Validant										
2		Macrolic Uoli			nd Number or Rural							
Н	Patient's chart					ertown				wn Stele		
	206. METHOD OF DISPOSITION BURIAL 206. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 206. LOCATION — City or Town, Bate of ther (Specify) Chester Cemetery (May 5, 1990) Chestertown, Md.											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. BOX # 264											
	J. Willis Wells Chestertown, Md											
23. PART Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Carcinoma of prostoff with the										Approximata Interval Between Onset and Death		
- 1		DUE TO (OR AS /	A CONSEQUENCE OF):	1	1					C1 -		
5	Sequentially list conditions,		A CONSEQUENCE OF):	Tas	Fa ses					gears		
	if any, leading to immediate cause. Enter UNDERLYING		TOTAL OF J.									
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):									
	reaulting in death) LAST	d,										
3	PART II. Other significent condition	one contributing to death (but not requiting in t	he undedula	a seuse aluen la	Part I	24a. WAS AN A	ITTOREY	1 0.45	WERE AUTOPSY FINDINGS		
\$	TATT II. Galler significant obligation	- Contributing to death t	but not readiting in t	ne undarrym	y cause given in		PERFORM	NED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						-	1 YES 2	MO		OF DEATH?		
										1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C)	heck only one)					
5	EXAMINER?	HOSPITAL:		THER:	e 5 🗆 Residence							
	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME O	F 28c, IN.	URY AT		RIBE HOW IN	JURY OCCU	IRED	-		
	1 Netural 5 Pending	(Month, Day, Year)	INJUR		YES 2 NO							
,	2 Accident investigation 3 Builcide 8 Could not be	28e. PLACE OF INJURY	Y — At home, farm, stre	at, factory, offic	•	28f. LOCA	TION (Street ar	nd Number o	r Rurel I	Route Number,		
	4 Homicide determined	bulleting, area (ope	runy)			City of	iowii, State)					
MIL LE	one)	SICIAN: To the best of my know								a) and manner on stated		
3				, opinion, t								
1	29b. SIGNATURE AND TITLE OF CERTIFI				29c. LICENSE NU	MBER		29d. DATE	SIGNED	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON W		EATH (ITEM 27) (Type, Pri	nt)	COOCE	0.7		10	d'	7.0		
			1.D.		ertown,	Md.	21620					
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN										
- 1	MAY 0 3 '90	1 Chillia Joindan	n_kando Pla									

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	'n.	ansit permit. Page	
203-3146	or attending physica	r use as the burial-	
BALTIMORE, MARYLAND 21203-3146	ed by the hospital	uid be detached for	ed at once.
ORE, MAI	e 6 may be retain	rector, page 5 sho	must be notifi
BALTIM	irs after death. Pag	n by the funeral di removal.	edical examiner
	10H 17	filled I	he m
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	JTO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Page be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
٥	TO THE HOSPITAL	TO THE FUNERAL (IMPORTANT: If I
(1	1	1	

MAY 08 90

Julia Davidson-Rendelle

	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPARTI CERTIFIC		DEATH AND		YGIENE EG. NO.					
	1. DECEOENT'S NAME (First, Middle, Lest) Don't E, Walter		V=1			2. DATE OF E		YEAR 21 1	DEATN 7-19 M			
	4. SOCIAL SECURITY NUMBER 577-44-9488	5. SEX 6.		UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Det July 5	y, Year)	a. BIRTNPLACE (State Country) Washington				
OR	SOUTINEEM ME STORY	eet and number) 24 WHLD [+		0/	R LOCATION OF D		9c. COU	NCE GEO				
DIRECTOR	100. STATE 10b. COUNTY Maryland Prince	George's		own or locat	ION			10d. INSIDE CITY LIMITS? 1 YES 2 K NO				
	10e. STREET AND NUMBER		0.		ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?						
FUNERAL	8108 Bellefonte	Lane 12. WAS DECEDENT E	VED IN II C ADMED	T 12 WAS DEC	20735	NIC OBIGINS (B		.S.A.	Indian			
8	1 Never Merried 2 Married 3 X Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—If yes, specify, Cuben, Mexican, Puerto Ricen, etc.) 1 □ YES 2 ₹ NO Specify: 1. Specify White								
TED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	N st of working	16b. KIN	D OF BUSINESS/INC							
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)	Office N			Pri	nting Se	rvice				
	17. FATNER'S NAME (First, Middle, Last) George White						e, Maiden Surname)					
8	19a. INFORMANT'S NAME (Typo/Print)		19b. MAILING AL	DRESS (Street e		Eskrid	ge Sity or Town, State, Zi	Code)				
5	George R. Walker		8108 Be	ellefon	te Lane,	Clint	on, Mary	land 20735				
	20q-METHOD OF DISPOSITION 1 [A Burlel 2] Cremetion 3] Remo 4] Donation 5] Other (Specify)	val from State	other piece) Arlington			erv		City or Town, State On, Virgin	nia			
	21. SIGNATURE OF FUHERAL SERVICE LIC	ENSEE ;)			_	neral Ho		114			
	Hereget	Kales	/				Oxon Hi					
	23. PART I. Enter the disease, or c shock, of heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	list only one cause	on each line.					Inten	oximata ral Between t and Death			
	disease or condition resulting in death) a. Congestive Heart Failure with Hypoxia I month Due to (or as a consequence of):											
CERTIFICATION	Sequentially list conditions, If eny, landing to immediate cause. Enter UNDERLYING											
IFIC/	CAUSE (Disease or injury that initiated events	DUE TO (OF	AS A CONSEQUENCE OF):									
ERT	resulting in death) LAST											
CAL	PART II. Other significant conditions	riident;	Malnutrition	Deep			NAS AN AUTOPSY PERFORMED? YES 2 PNO	24b. WERE AUTO AMAILABLE F COMPLETION OF DEATN?	PRIOR TO			
PHYSICIAN: MED	Right plenal of	history 10	ight hilar m	455				1 TYES	2 🖺 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PE	ACE OF DEATH (C	heck only one)						
HYSI	1 VES 2 NO	1 Inpetient 2 To El	R/Outpatient 3 DOA 4	☐ Nursing Nom	e 5 Reeldence	_	necity) BE NOW INJURY OC	CURED				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	RK? res 2 No	2001 020011		001120						
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF II building, etc	NJURY — A1 home, ferm, str (Specify)	el, factory, offic			LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	and and		knowledge, death occurred sination end/or investigation,						r as stated.			
TO BE C	John of H	du no			MBER 6794	29d. DAT	TE SIGNED (Month, Day,	Year)				
		COMPLETED CALLER	OF DEATN (ITEM 27) (Type, P	ring)								

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BALTIMORE, MARYLAND 21203-3146	iours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burial-tran or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Reath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

PHYSICIAN: MEDICAL CERTIFICATION

BY

BE COMPLETED

5

FOR 1 - STATE REGISTRAR		STATE OF N	//ARYL/					HEALTI		MEN			9()	145	58	}
1. DECEDENT'S NAME (First,	Middle, Last)			CE	KHIL	ICAI	EU	r ver	П	2.1	REG. N			3. T	IME OF DEATH		1
Mable Ruth	WALTE	R									oril 18	199	YEAR			м	
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (in yrs. lest	birthday)		ER 1 YEAR		ER 24 HRS.	7.0	DATE OF BIRTH			PLAC	CE (State or Fore	ign	
344-16-3131		1 M 2 X F	86		YRS.	MONTHS	DAY	8 HOURS	MIN.	Ja	Month, Day, Ybar)	904	Illi		is		
9a. FACILITY NAME (If not in	stitution, give s	treet and number)				9b. CI	TY, TOW	N OR LOCA	TION OF DI	EATH		9c. COL	JNTY OF D	EATH			
2325 Marsh						На	ger	stown				Was	hingt	on	ι		
RESIDENCE OF DEC	10b. COUNTY	γ			10c, CIT	V TOWN	10810	CATION					Т	104	INSIDE CITY		1
Maryland Washington Hagerstown 1 □ YES 2 🕮 NO																	
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WI							_										
2325 Marsh Pike 21740 USA										L							
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No. 14. RACE — American Indian,								ł									
1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES							If yes,	specify Cul	oan, Mexica	in, Pu	erto Rican, etc.)		Black	, Wh	ita, atc.	,	
3 Wildowed 4 Divorced				II ES				100 x 100 100	o apecir	у.			whi	te			
15. DEC	EDENT'S EDU	CATION completed)		16a. DEG	CEDENT'S	USUAL	OCCUP/	ATION	kina		16b. KIND OF B	OF BUSINESS/INDUSTRY					1
Elementary/Secondary (0-12) College (1-4 or 5+)				(Give kind of work done during most of working life. Do NOT use retired.)													
12 5 teacher																	
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme)																	
George Alvi	George Alvin Walter Florence Rosina Kiest																
19a. INFORMANT'S NAME (7											Number, City or To						1
Jane Humber				23	325 M	lars	h P	ike,	Hage	rst	own, Mo	1. 21	740				
20a. METHOD OF DISPOSIT	ION on 3 🗆 Rem	oval from State	20b	PLACE O	OF DISPOS	SITION (Name of	cemetery, cr	ematory or			c. LOCATION — City or Town, State					
4 Donation 5 Other	(Specify)		Sm	iths	burg	_						thsbu	urg,	Ma	ryland		
21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	-,			M	INN	ICH F	UNER	CILIT	HOME						
1500	201	Min	ne	ek		4	15	E. Wi	1son	В1	vd., Ha	gers	town,	M	d. 217	40	
23. PART I. Enter Ihe d	iseasee, or	complications tha	t cauaac	tha de	ath. Do r									ī	Approximat		1
ahock, or h		List only one car	ise on e	ach line.											Interval Bat		
disease or condition	iai				,		٠,	1						أء	7200		L_
reaulting in deeth)		e. CONG	OR AS A	CONSEC	ne a	rt Fi:	Ia	llure	<u> </u>					-	evera.	T III	PII
										٠.	1 !			- 1	many	_	l
Sequentially list condit		b. Sever	OR AS A	CONSEC	C S	ten F):	LOSI	ıs aı	na_m	1.E	ral in	SUII	lenc	y	years	5	
cause. Enter UNDERLY	ING	•												ļ			
CAUSE (Diseese or Injuthat Initiated events	ITY	DUE TO	(OR AS A	CONSEC	UENCE O	F):											
resulting in death) LAS	T	d												-			
PART II. Other significe	nt condition	ns contribution to	death h	ut not n	equities.	In the	undod	ulna carre	oluen In	Dart	1 240 VAC	N AUTOPSY	, 945	wee	RE AUTOPSY FIN	DINGS	ł
. Alt in Other argimice	oononioi	- contributing to	Acous D	at not I	-suiting	(110	anoen)	yang cause	State III	rart		ORMED?	240	AVA	LABLE PRIOR TO APLETION OF CA	0	
											1 🗆 YES	2 (NO			OEATH?	USE.	
														1 [YES 2 N	0	

WAS CASE REFERRED TO MEDIC EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 □ Nursing Home 5 N Residence 6 □ Other (Specify) 1 - YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide

29a, CERTIFIER 1 🔁 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(a) and menner as stated.

2 MEDICAL EXAMINER: On the basis of

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) Hear D01062 April 18,1990

1 MD. 217 W. Washington St. Hagerstown, Md. W.Dittolll Edward 31. OATE FILED (Month, Pay, Year)

APR 18 90 APR 18

	DRTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu		
or removal.	medical e		
of writhin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	event, the		
rior to burial	traumatic (E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	
I Hygiene p	or other	ERTIFIC	
and Menta	y injury.	CAL CE	
of Health	shows an	MEDI	
State Dept.	Item 23	SICIAN	
th with the	arked, or	Y PHY	
s after dear	1 28 Is m	TED B	
n 72 hour	T: It Item	MPLE	
d with	RTAN	E CC	

	REGISTRAR		OLITTI	OAIL	IF DEATH	MEL	3. NO.			
		BRA SHEA	ARS W	ILLIA	ms	2. DATE OF DE. MONTH	2. DATE OF DEATH MONTH 5 - 9 DAY 9 YEAR 935			
			In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BIR (Month, Day,	TH	8. BIRTHPI Country)	LACE (State or Foreign	
	219-32-7419	□ M 2 😾 F 7	8 YRS.	7,191		yland				
	9a. FACILITY NAME (If not institution, give street	and number)	enter	96. CITY, TO	VN OR LOCATION OF		VTH CTH			
Œ	77			77.						
6	Pleasant Living	Convales	cent	Ed	gewater		Aı	nne A	rundel	
E	10e. STATE 10b. COUNTY		10c, CIT	r. TOWN OR LO	CATION			T	IGG. INSIDE CITY	
E	Moureland Anna	A man and a 7		A	nalia				LIMITS?	
5	Maryland Anne	Arundel		Anne	polis		1		X YES 2 NO	
A	100. STREET AND NUMBER						10g. CIT	IAT COUNTRY?		
FUNERAL DIRECTOR	16 Eastern Aver				2140			U.S.		
5		WAS DECEDENT EVER IF FORCES? 1 YES			DECENDENT OF HISP. , specify Cuben, Mexic			14. RACE Black.	- American Indien, White, etc.	
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 🗆	YES 2 NO Spec	lfy:	,,,,,	Specify:		
	3 ZKWIOWEL 4 DIVOICE							Wh	ite	
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade com		16a. DECEDENT'S	USUAL OCCUI	PATION a most of working	16b. KIND	OF BUSINESS/IN	DUSTRY		
ᄪ		ollege (1-4 or 5+)	life. Do NOT us	e retired.)						
AP.		2	Nur	se		_ H	ospita	al		
ō	17. FATHER'S NAME (First, Middle, Last)			•	18. MOTHER'S N	AME (First, Middle, i	Meiden Surneme)			
	Charles St.Clair	Waveon	Sn		Agn	es Trab	and			
BE	19a. INFORMANT'S NAME (Type/Print)	Hayson		ADDRESS (Str	eet end Number or Rurs			in Corde)		
5	T - D D : 1				Drive,					
	Jean B. Reid	Lan			cemetery, crematory or					
	1 KBuriel 2 Cremation 3 Removal	from State	place)				20c. LOCATION —		711000	
	Donation 5 Other (Specify)	- / /A	II Hall		hapel		Davids	sonvi	lle, MD	
- 1	and and the of Funeral Spirite Cypies	"11			lor Fun		0.0.7	2	1401	
	Tracket Ola	In tin			Glouce					
	23. PART I. Enter the diseases, or com	plications that cause	d the death. Do r	ot antar the	mode of dving. st	ch as cardiac n	r respiratory su	rest	Approximate	
	shock, or heert failure. List	only one couse on e	ach lina.		, ,		,		interval Between	
	iMMEDIATE CAUSE (Final disesse or condition	V +			/ 1				Onset and Death	
- 1	disesse or condition resulting in death) s. Acute pulmonary embol no immed. Due to (or as d consequence of):									
	_ •	DUE TO (OR AS	I CONSEQUENCE OF	7					2 1	
N	Sequentially list conditions, Due To (or as a consequence of):									
CERTIFICATION	if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF	F):						
0	cause. Entar UNDERLYING CAUSE (Disease or injury									
告日	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):						
E	d									
	PART II. Other significant conditions co	ontributing to death h	out not resulting	in the under	lying cause given i	n Part i 24e 3	MAS AN AUTOPSY	245.3	WERE AUTOPSY FINOINGS	
EDICAL							PERFORMED?	9	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ă	Generalized & C	evonery a	rerosco			1 0	YES 2 NO		OF DEATH?	
NE NE	Cardiae arch	ythmas,	org	nic 1	rain				I TES 2 NO	
ž	5 mdrome with	n demant	th							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				6. PLACE OF DEATH (Check only one)				
S		OSPITAL: Inpatient 2 ER/Out	patient 3 DOA	OTHER: 4 X Nursing	Home 8 - Residence	8 Other (Spec	H(v)			
Ŧ	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIM		INJURY AT	28d. OESCRIBE	HOW INJURY OF	CCURED		
	1 Netural 5 Pending	(Month, Day, Year)	IN.	M 1	WORK?					
ВУ	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJURY	/ — At home, farm,	street, factory.	office	281, LOCATION	(Street and Number	er or Rural Ro	ufe Number.	
	4 Homicide determined	building, etc. (Spe	clfy)			City or Town	n, State)			
COMPLETED	29e. CERTIFIER	TERRE								
P	(Check only	: To the bast of my know								
O	2 MEDICAL EXAMINER: O	n the basis of examination	n and/or investigation	n, in my opini	on, death occured at ti	ne time, date and pi	lace, end due to 1	the cause(e)	end menner as stated.	
	2015 SIGNATURE AND TITLE OF OFFICERS	1/.			29c. LICENSE N	UMBER	29d. DA	TE SIGNED	Month, Day, Year)	
BE	(harles VV,	Kmin			D09	979	A SAN	lan	0 1991	
2	30. NAME; AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF OF	ATH (ITEM 27) (Tona	Print)		100		MAY	11110	
	Charles W	Sinzan	IND	627	Townst.	D	Anna	001	4 110	
	31. DATE FILED (Month Day Maria	3K REDIKTUAD CAL	Walls	017	PUTES L	NLINE	THINA	1011	>, 14/1	
	MAY 1 0 1990 Auto	Dan Black				•		*		

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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	nEGIOTAAN		OL.	"LILES	CAIL	OL	DEM		HE	G. NO.					
į	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DI	EATH DAY	,	YEAR	3. TIME OF DE	ATH	
		Kathry				hit			5	1		90	7:18	рм	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1	DAYS	HOURS	24 HRS.	May 20	PITH Year)	210	8. BIRTH Counti	PLACE (State or ry)	Foreign	
	220 - 01 - 1701	1 M 2 X F	70	YRS.						١, ١					
~	9a. FACILITY NAME (If not institution, give st	reet end number)				CITY, TOWN OR LOCATION OF DEATH									
0	Memorial Hospital			Easton					Talbot						
EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	ION						10d, INSIDE CIT	TY	
DIRECTOR	Maryland Que	en Anne'	S		Centr	evi	11e						LIMITS?	X _{ND}	
	10e. STREET AND NUMBER					101	. ZIP CODE	Ē	10g.			IZEN OF V	WHAT COUNTRY?		
FUNERAL	R.D. 3, Box 150					216	17			1	United States		es		
5	11. MARITAL STATUS	12. WAS DECEDEN			13. W	AS DEC	ENDENT C	F HISPANI	C ORIGIN? (Sp	ecity Yee	or No-	14. RACI	E — American Inc	dian,	
BY F	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 X N	10	1	yes, sp	2 NO	n, Mexican, Specify:	Puerto Rican,	etc.)		Spec	k, White, etc. //y:		
												Wh	ite		
E	16. DECEDENT'S EDUC (Specify only highest grade		(G		VORk done du			19	16b. KIND	OF BUS	INESS/INI	DUSTRY			
٦	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Wi						U	2000				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			WI				UEDIO MARA	Home						
	Samuel	Spend	Spence						RAME (First, Middle, Malden Surname) rginia Grego						
BE	19e. INFORMANT'S NAME (Type/Print)			ACORESS	(Street s	ad Number		oute Number, Ci	tu or Tourn	State 70	n Codel		- 5		
2	Mr. John P. Whi	te							eville			1617			
	200. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS	SITION (Nam	e of cen	netery, cren	natory or	T			City or To	own, State		
	1X Burlai 2 Cremetion 3 Regul	74790 State	Wood	awn	Memor	ial	Par	k	ŀ				yland		
	21. SIGNATURE OF FUNERAL SERVICE LIC		22. NAME AND ADDRESS OF FA						FACILITY Uneral Home						
Î	1 Let 12	James H. B													
				P.O. BOX 2											
CERTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated evants resulting in death) LAST	h	OR AS A CONSECUTION OF AS	DUENCE OF	F):	Ky	0 Ca	and	idi	wfe	210	hor	Onset a	Between nd Death	
S		1											_		
4: MEDICAL	PART II. Other algnificant condition	s contributing to	deeth but not r	esulting	in the und	lerlyin	g couse	given in P		PERFORI	HED?	248	MAILABLE PRIO COMPLETION DI OF DEATH?	PR TO	
K	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF O	EATH (Chec	ok only one)						
Sign	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:		10 5 🗆 Re	eldence 6	☐ Other (Spe	icify)					
BY PHYSICIAN:	27. MANNER OF DEATH 1 Status 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D		28b. TIM INJ	E OF URY M	WO	URY AT PRK? YES 2		28d. OESCRIB	E HOW IN	JURY OC	CURED			
9	3 Suicide 6 Could not be 4 Homicide detarmined	City or rown, State)						Route Number,							
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the basis of e	my knowledge, de xamination and/or	ath occum	ed at the lin	ne, date Inion, d	end place	, end due t	o the cause(e)	end man	ner as sta I dua to I	ited. he cause(i	s) and manner as	s stated.	
BE	296. STENATURE AND TITLE OF CERTIFIEF		m.				29c. LIC	ENSE NUMI	BER		29d. DA	E SIGNED	(Month, Day, Yea	er)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL	SE OF DEATH (ITS	M 27) /%	Print)	2 72 37	17	7 9/	150	<u> </u>	0110	onst	>U		
	Con Son	-mse	60	BC	X c	2/1	0 (QU	eent	ru	Que '	enst	own, MD	1658	
	MAY 0 4 '90	32. REGISTRA	avidson-R	indell										9	

3. TIME OF DEATH

DHMH-16 Rev 1/89

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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N	DING	After
DIVISION OF VITAL RECC	ATTEN	CIDR
$\frac{5}{0}$	OR	DIRF
_	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	m THE FUNERAL DIRECTOR After this certificate has been sign
	王	분
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			Backer's	1							-	/ /		
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YE	AR	IF UNDER 24	4 HRS. MIN.	(Month	,,,	949	Country)	CE (State or Foreign
무		578–68–6918	1 🗆 M 2 💢 F		40 YRS.	1111224					ber 3			ngton, D.C.
3 should	<u>"</u>	9a. FACILITY NAME (If not institution, gr				9b. CITY, TO				ATH			NTY OF DEAT	
. 2,	Ē	LIBERTY HEDICA	LCENTER			BALT	14	ORE	-			Balt	imore	City
nges 1	DIRECTOR	10a. STATE 10b. COL	JNTY		10c. CIT	Y, TOWN OR L	OCATI	ION					10-	I. INSIDE CITY
permit. Pages			ince Georg	es	P	almer	Par	rk					1 (X YES 2 NO
Eled	FUNERAL	100. STREET AND NUMBER	1					ZIP CODE				1	ZEN OF WHA	
burial-transit	ᄬ	7612 Muncy R				1		20785					ed St	
urial-		11. MARITAL STATUS 1 Never Merried 2 Merried		YES 2	ARMED X ND	li ye	s, spe	city Cuban,	Maxica	n, Puerto A	? (Specify Yes Ican, etc.)	or No—	Black, W	American Indian, hita, atc.
the state of	B√	3 Widowed 4 X Divorced	IF YES, GIVE W	WAR OR DATES		1 -	YES	²	Specify	7			Specify:	Black
use as		15. DECEDENT'S (Specify only highest g		16a.		USUAL OCCU				16b.	KIND OF BU	SINESS/IND	DUSTRY	
n Jo		Elementary/Secondary (0-12)	College (1-4 or 5	+)	Iffe. Do NOT us	se retired.)					_			
ached ce.	COMPLET	12th grade			Ho	memake	r			-		estic	2	
mould be detached for tiffed at once.		17. FATHER'S NAME (First, Middle, Lest) James	Baker		State	n	- 1	Edn		ME (First, N	liddle, Maiden		lo1t	
mould t	BE	19a. INFORMANT'S NAME (Type/Print)	Danci	1		ADDRESS (St	root ar			Route Numb	er. City or Tow			
_	유	James E. State	n (brother)		- 5th								20002
黜		20s METHOD OF DISPOSITION 141 Burlel 2 Cremetion 3 1				SITION (Name							City or Town,	
n		4 Donation 5 Other (Specify)		Nati	lonal	Harmon	y l	Memor	ial	Park	La	ndove	er, Ma	ryland
5 4		21, SIGNATURE OF FUNERAL SERVICE				22. NAR	WE AN	D ADDRESS	S OF FA	CILITY I S	tnev	s Fim	neral	Home
ysician and completely filled in by the fun- prior to burial, cremation, or removal. r traumatic event, the medical exam		Egher III	Satury (383	1 (Georg	ia A					. 20011
d in by the or remova medical		23. PART I. Enter the diseases,	or complications tha			'								Approximate Interval Between
e me		IMMEDIATE CAUSE (Finei								Apr	The same again	m.		Onset and Death
ompletely fills if, cremation, event, the		disease or condition resulting in death)		toray			-M	Durti	Ry	TIE	24.261			
al, cre			APUE TO	OR AS A CÓN	ISEQUENCE O	Fi Corp	4	17/-6	\					
anding physician and c Hygiene prior to buria or other traumatic	NO NO	Sequentially list conditions,	b. DUE TO	(OR AS A CON	SEQUENCE O	Pi:	-÷ [IN						
sician inor to	RTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING		,										!
g phy iene	Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO	(DR AS A CON	SEQUENCE O	F):								
	CERI	resulting in deeth) LAST	d											ļ
ed by the att th and Menta any injury,		PART ii. Other significent condi	Itiona contributing to	death but no	ot resulting	in the under	riying	j ceuse gi	ven in	Part i.	24s. WAS AN			RE AUTOPSY FINDINGS
na by the	EDICAL	SEVERE	MELSTAL	RET	ATZID	1970	7				PERFO		CC	MPLETION OF CAUSE
Heal WS	MED									_				DEATH?
ہے نے م														
	CIAN	25. WAS CASE REFERRED TO MEDICA EXAMINER?					26. PL	ACE OF DE	ATH (Ch	eck only on	e)			
certificate the State , or item	PHYSIC	1 TYES 2 NO	HOSPITAL:	☐ ER/Outpetien	3 🗆 DOA	OTHER: 4 Nursing	Home	e 5 🗆 Res	idence	6 🗆 Othe	r (Specify)			
with th	PH	27. MANNER OF DEATH 1 X Natural 5 Pending	28a. DATE Of (Month, L		28b. TIN	JURY	WO	URY AT RK?		28d. DES	CRIBE HOW	INJURY OC	CURED	
After this death with s marked	B	2 Accident Investigat		OF IN HIPPY A	151-15-			/ES 2 _	NO	****			0.10	. M - A
after d		3 Suicide 6 Could not 4 Homicide determine	building,	of INJURY — A , etc. (Specify)	i nome, ram,	street, ractory,	Office				or Town, State		r or Rural Rout	• Number,
DIRECTOR: hours after item 28 i		29a. CERTIFIER			mesanyasa	Va Settino	-		200	700000		an rais		
-10	COMPLET	one)	HYSICIAN: To the best of MINER: On the basis of a											nd manner as stated.
FUNERAL within 72 I		295/dignature AND TITLE OF CERT						29c. LICE						onth, Day, Year)
TO THE FUNERA be filed within 7. IMPORTANT: I	B	TTTLESTELL	W, M.					1)2	312	00		> /	4/2	3/9/
≥ 2 ₹	일	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALL	SE OF DEATH	(ITEM 27) (Type	e Print)		400	0				4	110
)		2600 LYSO	Try Hat	s Av	E	BALT	D,	MO	21	215				
		31. DATE FILED (Month, Day Your Of	32. REGISTR	AR'S BIGNATUR	- Rando	02	1							
			1	A AL AL BARRAS										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

STATEN WILLIAMS

ELAINE

MARY

TO BE COMPLETED BY FUNERAL DIRECTO

IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF M	ARYLAN	D / DEPART				MENTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First, GRAY)		UGENE	WHIT	ELY				2. DATE OF DEATH MONTH MAY 9, 15	90	YEAR	3. TIME OF DEATH 4:05 AM M
4. SOCIAL SECURITY NUMBER 234-24-6822		SEX	6. AGE (In)	yrs. inst birthday) YRS.	IF UNDER 1 YI	EAR IF UNDI	MIN.	7. DATE OF BIRTH (Month, Qay, Year) NOV. 192	23	8. BIRTHI Country NOT	ch Carolina
9a. FACILITY NAME (If not in Fallston Ge:	neral H				Falls	wn or local ston	TION OF DE	ATH	9c. COUN	ty of be	
10e. STATE	10b. COUNTY			0.000	, TOWN OR L						10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER 2411 Whitt		ford			Kingsv	101. ZIP CO 21087	DE			EN OF W	1 ☐ YES 2 😿 NO HAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 🔀 3 Widowed 4 Divo	Merried	2. WAS DECEDENT FORCES? 1 IF YES, GIVE W	XYES	2 NO	It ye		oan, Mexica	HC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No-	Specif	- American Indian, White, etc. y:
(Specify onl	EDENT'S EDUCAT y highest grade col	TION	1	8e. DECEDENT'S I (Give kind of w life. Do NOT use	ork done durit retired.)	ng most of worl	king	16b. KIND OF BU			.cc
12 17. FATHER'S NAME (First, M Adam Euge		nitely		Truck I	Driver	18. MO	THER'S NA	ME (First, Middle, Maiden		.e	
190. INFORMANT'S NAME (I Dorothy T.	Type/Print)			196. MAILING 2411 V	ADDRESS (S	roet and Numb Road ,	er or Rural R	Route Number, City or Town	n, State Zip 210	00de) 087	
20e. METHOD OF OtSPOSIT 1 Surial 2 Crematic 4 Donetion 5 Other	(Specify)		20b. P	PLACE OF DISPOS THE PIECES! EL ALY I	1emori	al Gai	rdens	Bel	Air,		
21 SIGNATURE OF FUNERA	R K SERVICE LICEN	Me Ca	m	es III	HOW		. McC	count Comas III F y Road, Ab			
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fill disease or condition resulting in deeth)	eart fallure. Lis	Acu:	E on eec	h line.	ELO			LEUP	-		Approximate Interval Between Onset and Death
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- thet initiated events resulting in death) LAS	iNG iry c.			ONSEQUENCE OF							
PART II. Other significa	ent conditions	contributing to	death but	not resulting i	n the unde	Mying couse A CC			RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER? 1 YES 2 200		PtTAL:	ER/Outpat	lent 3 DOA	OTHER:	26. PLACE OF	9340905	8 Other (Specify)			
The second secon	Pending Investigation	28e, DATE OF (Month, D	INJURY	28b. TIMI	E OF 28 URY	c. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OCC	CURED	
7 Accident 3 Suicide 6 Homicide	Could not be determined	28e. PLACE O building,	F INJURY — etc. (Specify	At home, farm, a	treet, factory	, office		281. LOCATION (Street City or Town, State		or Rural F	loute Number,
(Mail								to the cause(e) end ma) and manner as stated.
290. SIGNATUME AND STU	rlho	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ny		0-1-11	29c. LI	CENSE NU	MBER	≥ 5	19	(region con very)
34 DATE FILED (Month, Day,	P	COMPLETED CAUS	474	52	ram)		An	STOW	V	w	121047
MAY 1	0 89	32. REDISTRA	DOUNTE	Man & Co. Co.							

TO BE COMPLETED BY FUNERAL DIRE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
raj.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the burial-transit permit. Pages	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages
or death, Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE REGISTRAR	STATE OF M			IMENT OF			MENTA	L HYGIEN	E		
-	1. DECEDENT'S NAME (First, Middle, Last)			£1				2. DATE	OF DEATH	(Y	YEAR	3. TIME OF DEATH
		Augusta			illet			Ma		,199	0	8:20 P M
	4. SOCIAL SECURITY NUMBER 220-42-0653	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEA		DER 24 HRS.	(Mont	of BIRTH h, Day, Year) 13-19	04	Country	ryland
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOY	N OR LOC	ATION OF D				NTY OF DE	
101	Physicians Me	morial	Hospit	a1	LaP1	ata				Ch	arle	es
JIREC	10a. STATE 10b. COUNTY			10c. CITY	ldorf							10d. INSIDE CITY LIMITS? 1 TYES 2 X NO
FUNERAL DIRECT	100. STREET AND NUMBER 325 Thompson	Lane				101. ZIP C	00E 0602			10g. CIT	ZEN OF W	HAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	YES 2/		If yes	specify C	IT OF HISPA uben, Mexico NO Speci	en, Puerto	N? (Specify Yea Rican, etc.)	or No-	Black, Specifi	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 8th grade		(Gi litte.	CEDENT'S I		ATION most of w	orking	168	Dome	Gives	DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Lest) Peter Garner	Herbert				18. N	Agne	AME (First, S Si	Middle Maiden ∨illi	sumame) .a Wi	bod	
TOB	19a. INFORMANT'S NAME (Type/Print) Edna Marie Di	rinkard	196	5915 Mecr	Wes	one Vil	Roa le,	Aputo Num	nber, City or Town Jinia	n, State, Zk 231	Code)	
	20s, METHOD OF DISPOSITION 1	oval from State	20b. PLACE	OF DISPOS	Memo:	cemetery;	crematory or		20c. LO	CATION -	City or Tov	
	21. SIGNATURE OF FUNDINAL SURVICE LE)d/		_			ntt F		ral Ho Waldo:	ome, rf,	Inc Md.	20604
	23. PART I. Enter the diseases, or shock, or heart fellure.				ot enter the	mode of	dying, su	ch as car	diac or reap	iratory ar	reat,	Approximate Interval Between
	iMMEDIATE CAUSE (Finei disease or condition resulting in death)	Car	dial	a	(100/	-						Onset and Death
	resulting in death)	OUE TO	OR AS A CONSE	QUENCE OF	ilar	A	ccic	lent	_			
ATIO	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING		OR AS A CONSE	QUENCE OF):							
ERTIFICATION	CAUSE (Disease or Injury thet initiated events resulting in death) LAST	d.	OR AS A CONSE	QUENCE OF	j:							
CAL CE	PART II. Other algnificant condition	T	death but not i	1	n the under	ying cau	se given ir	Part I.	24a. WAS AN PERFOR	AMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
CIAN: MEDICA	Coafule	patty							1 123 2			OF DEATH?
Ž	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					B. PLACE (F DEATH (C	heck only o	one)			
i Ri	1 YES 2 THO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 - Nursing	Home 5	Residence	6 🗆 Oth	er (Specify)			
у РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF (Month, Da	INJURY ly, Ybar)	28b. TIMI	URY	WORK?		28d. DE	SCRIBE HOW	INJURY OC	CURED	
TED BY	2 Accident investigation 3 Suicide 8 Could not be detarmined	28a. PLACE Of building,	F INJURY — At ho etc. (Specify)	ome, farm, s	itreet, factory,	office			CATION (Street y or Town, State)		or Rural R	loute Number,
OMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of ER: On the bests of ax) and manner as stated.
ပ၂	29b. SIGNATURE AND THELE OF CERTIFIE	B . //	1			290	LICENSE N					(Month, Day, Year)
BE	WONA	th, AH.	ending	p Ph	4/5/100	ת א	= 125			▶ 5	5-9	-90

Rath M.D.

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randelle

Shankar

7C Post Office Road Cenna Center

Waldorf, Md. 20602

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			ENTAL HYGIENI REG. NO.	E	30 14007
1. DECEDENT'S NAME (First, Middle, Last)	E.	Welsh		1	2. DATE OF DEATH	4 9	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday) IF	UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		BIRTNPLACE (State or Foreign Country)
578-26-5788	1 □ M 2 x F 64		THS DAYS	HOURS MIN.	ept. 29.	1925	Maryland
9a. FACILITY NAME (If not institution, give st	eet and number)	9b.	CITY, TOWN C	OR LOCATION OF DEAT	гн	9c. COUNTY	OF DEATN
Suburban RESIDENCE OF DECEDENT	Hospital			Bethesda		Mo	ontgomery
10s. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
Maryland	Montgomery	Ke	nsingt				1 TYES 2 NO
100. STREET AND NUMBER			101	. ZIP COOE		10g. CITIZEI	OF WHAT COUNTRY?
11012 Drumm Ave	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	20895 ENDENT OF HISPANIC	ORIGIN? (Specify Yes	or No.— 14	. RACE — American Indian.
1 Never Married 2 📉 Married	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexican, 2 NO Specify:			Black, White, etc.
3 Widowed 4 Divorced				-X			Specify White
15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. OECEDENT'S USU (Give kind of work life. Do NOT use ret	done durina ma		18b. KIND OF BUS	INESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)		,				
17. FATNER'S NAME (First, Middle, Last)	V/ A	Homemak	er	18. MOTHER'S NAME	Own h		
John T.	Trigger			1.411	v Stevens		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street a		ute Number, City or Town		ode)
_	J. Welsh	11012	Drumm	Avenue, K	ensington	Md.	20895
20a. METHOD OF DISPOSITION 1 Burial 2 Sycremation 3 Remo	oval from State	o. PLACE OF DISPOSITION OF THE TOPO	N (Name of cer	netery, crematory or	20c. LQ	CATION - CIT	y or Town, State
4 Donation 5 Other (Specify)	ENGER - /	Песторо					ia, VA.
	901				Funeral		
() ours X.	trait						ng, Md. 20904
23. PART I. Enter the diseases, or of ehock, pr heert fellure.			enter the mo	de of dying, euch	ss cerdiac or respi	ratory arres	Interval Batween
IMMEDIATE CAUSE (Finel disease or condition	Cares	ama le	er E	len	melen	IC A	Onset and Death
resulting in desth)	DUE TO (OR AS	A CONSEQUENCE OF):		Aline.	4-0:0		200
Sequentially list conditions,	DHE TO OR AS	CONSEQUENCE OF		vog !	ic denoy	1 100	seeky
If sny, leading to immediate cause. Enter UNDERLYING	DOE TO (ON AS	CONSEQUENCE OF).		to	regan	orga	ne
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					
resulting in dasth) LAST	š						
PART II. Other significant condition	s contributing to deeth	out not resulting in ti	he underivin	g cause given in P	ert 1. 24s. WAS AN	AUTORSY	24b. WERE AUTOPSY FINDINGS
Delide		enere			PERFOR	. /	AMILABLE PRIOR TO COMPLETION DF CAUSE
Cach	exia				_	Z NO	OF DEATH? 1 ☐ YES 2 ☐ NO
Tanas	Failure	2					
25. WAS CASE REFERDED TO MEDICAL EXAMINER?				LACE OF OEATN (Chec	k only one)		
1 TES 2 NO	HOSPIFAL:		THER: Nursing Non	na 5 🗆 Residence 6	Other (Specify)		
27. MANNER OF DEATN	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WC	URY AT STATE ORK?	28d. DESCRIBE NOW I	NJURY OCCU	RED
1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe	Y — At home, farm, stree c/fy)	it, factory, offic	•	261. LOCATION (Street a City or Town, State)	ind Number or	Rural Route Number,
AND CENTIFIED							
(Check only	CIAN: To the best of my known.						cause(s) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER			y opinion, t	29c, LICENSE NUME			BIGNED-(Month, Day, Year)
Likecom	ensa le			12/	66)	▶ 5	-/14/90
30. NAME AND ADDRESS OF PERSON WN	O COMPLETEO CAUSE OF D	EATN (ITEM 27) (Typo, Pg)	nt)	2			/ / // /
49/2 ADR11	AN ST R	ockville		TD 1	085	3	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG			1.			

29 D 11 0 T

V 1 C 1 1 2 2 1 1 2 2

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OIME OF IN	CE	RTIFIC	ATE OF	DEATH	HEHINE	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF		,	YEAR	3. TIME O	F DEATH
Jae	Hyun	,	WOO			Ma	y 15	, 199	0	3:30	А.М. м
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, I	Day Year)		8. BIRTH Countr	IPLACE (Sta	te or Foreign
228-94-4802	1 🔀 M 2 🗆 F	57	YRS.	ONTHS DATS	HOURS MIN.	Oct.	11,	1932		rea	
9a. FACILITY NAME (If not institution, give at	reet and number)	-	8	b. CITY, TOWN	OR LOCATION OF DE	ATH		9c. COUN	TY OF D	EATH	
Doctor's Ho	spital				Lanham			Pri	Lnce	Geor	ges
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			I too CITY	TOWN OR LOCA	TION		•			10d. INSIG	E CITY
			100. 0111,		Greenbelt					LIMIT	\$?
Maryland 100. STREET AND NUMBER	Prince Ge	eorges			t. ZIP CODE	•		10~ CITIZ	EN OF V	VHAT COUN	2 NO
A STATE OF THE STA	hew Stree	. 4.		1.5		770		log. CITIZ	USA		Intr
/UIZ MAL	12. WAS DECEDENT		MEO	12 WAS DE	CENDENT OF HISPAN		(Specify Yea	or No.			an Indian
1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 X		If yes, s	secify Cuban, Mexica 2 X NO Specify	n, Puarto Ric	can, stc.)	or No.		E — Americ k, White, etc #y: prient	
15. DECEDENT'S EQUI	CATION	18a, DE	CEDENT'S US	BUAL OCCUPAT	ON	16b. K	(IND OF BUS	INESS/IND	JSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+) Iffe.	Do NOT use	rk done during m retired.)	ost of working						
1-9th	N/A		Mecha	nic		Gr	eyhou	nd Bu	ıs C	0.	
17. FATHER'S NAME (First, Middle, Last) Choong Am	Woo				16, MOTHER'S NA	n Ch	ddle, Malden 101	Sumame)			
198. INFORMANT'S NAME (Type/Print) Sung Uk Woo		191	7012	ooress (Street Mathew	Street,	Route Number Green	belt,	, State, Zip Md •	207	70	
20a. METHOD OF DISPOSITION		200. PLACE	OF DISPOSIT	ION (Name of co	metery, crematory or		20c. LO	CATION — C	City or To	own, State	
1 Donation 5 Other (Specify)	oval from State	other pla		nt Cem	etery		Davi	.dsonv	vill	e, Mo	1.
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	1, .	,	22, NAME A	ND ADDRESS OF FA		1	77			
hairbord	11/1/1	-001			es/Rinald 00 N.H. A					14.1	20904
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO	COR AS A CONSEI COR AS A CONSEI COR AS A CONSEI COR AS A CONSEI COR AS A CONSEI	OUENCE OF):	in	er g yndro bala, f the	TK nce sp		liza	er		
PART II. Other eignificant condition	a contributing to	death but not a	reaulting in	the underlyle	ng ceuaa given in		24a. WAS AN PERFOR 1 YES 2	MED?	248	COMPLETE DF DEATH	OPSY FINDINGS E PRIOR TO ON DF CAUSE ? 2 \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
25. WAS CASE REFERRED TO MEDICAL				20 1	PLACE OF DEATH (Ch	nack cash one	1				
EXAMINER?	HOSPITAL:	I EDIO-ACTUAL C		OTHER:							
27. MANNER OF GEATH	1 28a, DATE OF	ER/Outpetlant 3	26b. TIME		ma 5 Realdenca		(Specify)	ATIONA OCC	URFO		
1 Natural 5 Pending	(Month, D		INJU	RY W	ORK?	202.0230			31120		
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE O building,	F INJURY — At ho atc. (Specify)	ome, farm, str				TION (Street a Town, State)	and Number	or Rural	Route Numb	er,
non CERTIFIED > 1	CIAN: To the best of	my knowledge, de	eath occurred	at the time, da	e and place, and due	to the caus	e(s) and mar	nor as state	ed.		
one) 2 MEDICAL EXAMINE										e) and mand	ner as stated.
29b. SIGNATURE AND TITLE OF GERTIFIE	R				29c. LICENSE NU	MBER		29d. DATE	SIGNE) (Month, De	iy, Ybar)
X1 K 4	415				D 11	200		•	0/	10/0	20
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITF	M 27) (Troe 5	Print)	1214	14		,	3//	3/7	0
YEAR-KWON H	Your.	730			MORZ	AVE	- Ce	LLE	GE	PAR	KMD
31. DATE FILED (Morith, Day, Year)	32. REGISTRA	AR'S SIGNATURE	ከ •								

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	th Ce	andir	Ŧ	9
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•	ICIA	enti	the	0
5	HAS	his (With	ked
	16 P	ter t	ath	nar
	N	3. A	r de	65
2	E	60	afte	28
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical
•	MI	A	2	-
	SPI	INER	min	H
	至日	5	W	FITA
	王	E	file	PO
	2	2	8	2

RESIDENCE OF DECEDENT 10e. STATE 10b. COU	5. SEX 1 M 2 F	John 6. AGE (In yrs. last	t birtnday)		arne		MONT	of DEATH DA	r	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 578-72-7207 9a. FACILITY NAME (it not institution, given the content of the content	5. SEX 1 X M 2 F	6. AGE (In yrs. lest	t birtnday)		arne		/1-	2/1-90				
578-72-7207 9a. FACILITY NAME (it not institution, given a constant of the co	1 M 2 F	_		IF UNDER	4 MC10	IF UNDER 24 HRS.	+	OF BIRTH	1.	BIOTU	11:05PM	
9a. FACILITY NAME (ti not institution, give 28630 Darnstow. RESIDENCE OF DECEDENT 10a. STATE 10b. COUL	street and number)	28	MONTHS DAYS HOURS MIN. (Month, Day, Year)							Countr	γ)	
28630 Darnstow. RESIDENCE OF DECEDENT 108. STATE 108. COUNTY MD.			Ino.	oh CITY	TOWN O	R LOCATION OF D		ov.23,	ac CONN		ndiana	
	1 NOdu	28630 Darnstown Road Pooleville Montgome:										
							.10		MOTIL	gone		
			10c. CITY	Y, TOWN O						10d. INSIDE CITY LIMITS?		
100. STREET AND NUMBER 7100 Sand S 11. MARITAL STATUS	P.G.		<u> </u>	Lε	aure						1 YES 2 NO	
7100 Sand S					101	ZIP COOE				g. CITIZEN OF WHAT COUNTRY?		
1 11. WAMITAL STATUS			1450	1 40 1		20707	NIC OBION	10 /0 W. V	_	U.S.		
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARNED 13. WAS DECEDENT TO F HISPANIC ORIGIN? (Specify Yes or No— 14. RACE 15. WAS DECEDENT TO F HISPANIC ORIGIN? (Specify Yes or No— 16. Yes 2 ▼ No 17. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— 18. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECEMBENT OR HISPANIC ORIGIN? (Specify Yes or No— 19. WAS DECEM										E — American Indian, k, White, etc.		
3 Widowed 4 Divorced	IF YES, GIVE W	MAR OR DATES		'	I [] YES	2 K PINO Spec	rry:			Speci	White	
15. DECEDENT'S E			CEDENT'S				168	. KIND OF BUS	INESS/INDU	STRY		
(specify only nignest on Elementary/Secondery (0-12) 17. FATHER'S NAME (First, Middle, Last)												
4 Sattelite Mission Planner Aero Space												
Jack R. W				. (0)			h J.					
19a, INFORMANT'S NAME (Type/Print)		198	C1		1207	RD . C1			078	5		
Jack R. War	ner	20b. PLACE OF DISPOSITION (Name						-				
20s. METHOD OF DISPOSITION 1 Buriel 2 Scremation 3 Removal from State Chamber Commencer Commen												
4 Doneston 5 Other (Specify) Chambers Crematory Riverdale, MD. 21. SIGNATURE 91. UNERTAL BERVICE LICENSEE # 670 22. NAME AND ADDRESS OF FACILITY W.W. Chambers Co. Inc.												
23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate												
shock, Dr haart failure. List Dnly Dna cause Dn each line. IMMEDIATE CAUSE (Finel disease Dr condition resulting in deeth) Due TO (OR AS A CONSEQUENCE OF): Interval Between Onset and Death Onset and Death												
Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):												
Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART II. Other significant conditions are supported by the condition of	g ceuee given i	n Pert i.	24a. WAS AN PERFOR XX YES 2	ORMED?		24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?						
								ــــــــــــــــــــــــــــــــــــــ				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:	ACE OF DEATH (C						
1 COES 2 NO	1 Inpatient 2 I	☐ ER/Outpetient 3	3 DOA DOA 28b. TIM			URY AT		er (Specify)		ene		
	(Month, E	Day, Year)	IN.	DURY OPM	WC	YES Y VIO				UNED		
2 Accident Investigation	28e. PLACE C	OF INJURY — At he					28f. LO	Ject S.		or Aurai	Route Number,	
S Could not	3 Suicide 8 Could not be building, atc. (Specify) 289. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 281. LOCATION (Street and Number or Rura City or Town, State) 18620 Darnstown F											
	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To like best of my knowledge, death occurred at the time, data and place, and due to the cause of											
	HER /// /					29c. LICENSE N	UMBER		29d. DATE	SIGNE	D (Month, Day, Year)	
frelle	8/1					OCME				4-	-25-90	
1 T T T T T T T T T T T T T T T T T T T	WHO COMPLETED CAU	ISE OF DEATH (ITE	EM 27) (Type									
36. NAME AND ADORESS OF PERSON												
Julia C. Goodi	1,MD			11	L1 Pe	enn Stre	et.B	altimo	ce,MD	212	201	

32. REGISTRAR'S SIGNATURE
JUNA DAVIDON PANGER

3100 A

14,90 90

2. DATE OF DEATHMAY
MONTH DAY

5

3. TIME OF DEATH 3:00 AM

FOR STATE REGISTRAR

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 13146,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may with

	220-44-6463	5. SEX	6. AGE (In) (4)	t birthday)	IF UNDER 1 YEA	-	24 HRS.	7. DATE OF	190	8. BIRTI	HPLACE (State or Foreign
l	220-44-0403	1 ∰M 2 □ F		YRS.	MONTHS DAY	HOURS	MIN.	9:2	23-03	V V	WASH. D.C.
	9a. FACILITY NAME (If not institution, give	•			9b. CITY, TOW	N OR LOCATIO	ON OF DE	ATH	9c.	COUNTY OF	DEATH
DIRECTOR	GREATER LAURE	L BELTSVI	LLE HOSE	PT.	LA	JREL				PRINCE	E GEORGES
	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY		10c, CITY,	TOWN OR LO	CATION					10d. INSIDE CITY
PHO	MD. PR	INCE GEOR	GES		COLL	EGE PA	RK				1 XX ES 2 NO
A P	10e. STREET AND NUMBER					101. ZIP CODE	E		10g	. CITIZEN OF	WHAT COUNTRY?
Ä		HILL RD.	**				740			U.S.	.A.
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARI	MED	If yes,	ECENDENT Of specify Cube ES 2 1 NO	n, Mexica	n, Puerto Rica	pecify Yes or No n, etc.)	o— 14. RAC Bled Spec	CE — American Indian, ck, White, etc.
ВУ	3 Widowed 4 Divorced						.,,,,,				WHITE
豆	15. DECEDENT'S EO (Specify only highest grad		(Gi	ive kind of wo	SUAL OCCUP		ng	16b. KII	ID OF BUSINES	S/INDUSTRY	
IPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ADM	inistr Inistr	ATOR			U.S. I	REASUE	RY DEPT.
COMPL	17. FATHER'S NAME (First, Middle, Last)					1,000,000			le, Maiden Surns	eme)	
BE	JAMES N. 19a. INFORMANT'S NAME (Type/Print)	WIGGI		- MAN INC	ADODESS /S-		ALMY		ROUS		
2	The second secon	INTON	194		SAME A				ony or lown, Sta	ire, Zip Code)	
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☼Çremation 3 ☐ Ra	C1-1	20b. PLACE other pla	OF DISPOSI	TION (Name of		11		20c. LOCATIO	ON — City or T	Town, State
	4 Donation 5 Other (Specify)	moval from State	_ C	HAMBI	ERS C	REMATO	RY		RIVE	RDALE	, MD.
	21. SHONATURE OF FUNERAL SERVICE L	CENSER /	~		22. NAMI	AND ADDRE	SS OF FA	CILITY			
	1.9K. G	ramber	MC MC	00091	W. 1	V. CHA	MBER	S CO.	RIVE	RDALE.	, MD. 20737
NOI	IMMEDIATE CAUSE (Final disease or condition resulting in death)	OUE TO	OR AS A CONSECUTION	QUENCE OF):	110.	7.4- (> 11 F	1		Onset and Das
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST	oue to	OR AS A CONSECUTION OF AS	OUENCE OF	c 1.	UFI	22	CTTE		744	
CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST	oue to	O (OR AS A CONSECTION OF AS A CO	OUENCE OF	n the underf	ring cause	YZ given in	Part I. 24	a. WAS AN AUTO PERFORMEO	OPSY 24	IIb. WERE AUTOPSY FINDING
CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST PART II. Other significant conditions to the condition of the condi	oue to	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION	DUENCE OF	the underly	ring cause ECT	given in	Part I. 24	e. WAS AN AUTO	OPSY 24	Ib. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other significant conditions to the condition of the condi	oue to	O (OR AS A CONSECUTION OF	DUENCE OF COURTS OF THE COURTS	the undert	Ving cause ECT	given in	Part I. 24	a. WAS AN AUTO PERFORMEO	OPSY 24	Ib. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other significant conditions to the conditions of the cause of th	oue to	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION	DUENCE OF COURTS OF THE COURTS	n the underly of the control of the	ring cause : ECT	given in	Part I. 24 7 1 100000000000000000000000000000000	a. WAS AN AUTO PERFORMEO	OPSY 24	Ib. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST PART II. Other significant conditions to the conditions of the cause of th	oue TO oue TO d. Ons contributing to	O (OR AS A CONSECT OF	DUENCE OFF	on the underly of the second o	ring cause (ECT)	given in	Part I. 24 Y 1 CGCQ VCS eck only one)	e. WAS AN AUTO PERFORMEO YES 2 0 1	OPSY 24	Ib. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST PART II. Other significant conditions of the con	oue TO oue TO d. Possible To oue TO d. Possible To d. Description To and To d. Description To and	O (OR AS A CONSECT OF	DUENCE OFF	or the underly and the underly and the underly are also also and the underly are also also and the underly are also also also and the underly are also also also also also also also also	ring cause : E C 7 C PLACE OF C Indian 5 R RNJURY AT WORK?	given in	Part I. 24 Y 1 Cocco Coc S eck only one) 8 □ Other (S	e. WAS AN AUTO PERFORMEO YES 2 0 1	DPSY 24	Ib. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
HYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST PART II. Other significant conditions of the con	OUE TO OUE TO OUE TO d. Phospetral: 1 Phosp	O(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION O	DUENCE OF COUNTY	or the underly of the	ring cause : C T C T C T C T C T C T C T C	given in	Part I. 24 Y 1 CCC JCS eck only one) 8 □ Other (S 28d. DESCR	a. WAS AN AUTO PERFORMEO YES 2 5 h	OPSY 24 NO 24	III. WERE AUTOPSY FI AMALABLE PRIOR COMPLETION DE C OF DEATH? 1 YES 2
ETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST PART II. Other significant conditions of the con	OUE TO OU	O(OR AS A CONSECTION OF INJURY — At hoc. (Specify)	DUENCE OF COUNTY OF THE PROPERTY OF THE PROPER	or the underly 20 OTHER: A Nursing OTHER, A Nursing The contract The co	ring cause : C	given in	Part I. 24 / 1 Cocco leck only one) 8 Other (S 28d. DESCR 28f. LOCATI City or 1	e. WAS AN AUTO PERFORMED VES 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DPSY 24 P? NO 24 RY OCCURED	IIb. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION DE CAUS OF DEATH? 1 YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST PART II. Other significant conditions of the con	OUE TO OU	O(OR AS A CONSECTION OF INJURY — At hoc. (Specify)	DUENCE OF COUNTY OF THE PROPERTY OF THE PROPER	or the underly 20 OTHER: A Nursing OTHER, A Nursing The contract The co	ring cause : C	given in	Part I. 24 Part I. 24 Cocco only one) 6 Other (S 28d. DESCR 28f. LOCATH City or 3	a. WAS AN AUTO PERFORMED YES 2 1 1 1 Pecify) IBE HOW INJUR OWN, State) a) end mariner id place, and du	DPSY 24 PRY OCCURED Number or Rural as stated.	Ib. WERE AUTOPSY FINDING ARACABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other significant conditions of the con	OUE TO OU	O(OR AS A CONSECTION OF INJURY — At ho, etc. (Specify) If my knowledge, de examination and/or	DUENCE OF DUENCE OF PROJECT OF THE P	or the underly of the	ring cause : C	given in	Part I. 24 Part I. 24 Cocco only one) 6 Other (S 28d. DESCR 28f. LOCATH City or 3	a. WAS AN AUTO PERFORMED YES 2 1 1 1 Pecify) IBE HOW INJUR OWN, State) a) end mariner id place, and du	DPSY 24 PRY OCCURED Number or Rural as stated.	Ib. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO If Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evanta resulting in death) LAST PART II. Other significant conditions of the con	OUE TO OU	O(OR AS A CONSECTION OF INJURY — At ho, etc. (Specify) If my knowledge, de examination and/or	DUENCE OF THE COURT OF THE COUR	or the underly 22 or 12	ring cause : C	given in	Part I. 24 Part I. 24 Cocco only one) 6 Other (S 28d. DESCR 28f. LOCATH City or 3	a. WAS AN AUTO PERFORMED YES 2 1 1 1 Pecify) IBE HOW INJUR OWN, State) a) end mariner id place, and du	DPSY 24 PRY OCCURED Number or Rural as stated.	Ib. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 MO If Route Number, (e) and manner ea stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

WIGGINTON

NORVAL

PHILIP

Taari Da

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the brospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit in the filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MAR			MENT OF H			YGIEN	E		1 4000
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF 1 MONTH 5-14	DEATH	Υ	YEAR 3	. TIME OF DEATH
	Byron	E.			Walford						9:03PM M
	236-36-2128	1 X M 2 - F	GE (In yrs. lest	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month Da April	30°, 1	.916	8. BIRTHPL Country)	W. Va.
	9s. FACILITY NAME (If not institution, give street	st and number)			9b. CITY, TOWN O	R LOCATION OF DE	ATH		9c. COUN	TY OF DEA	тн
DIRECTOR	Memorial Hospital				Cumb	erland			Alle	egany	County
OIRE(W. Va. Ham	pshire			town on Locat Augusta	ION					Od. INSIDE CITY LIMITS? YES 2 NO
	10e. STREET AND NUMBER	Ponize				ZIP CODE			10a, CITE		AT COUNTRY?
FUNERAL	Star Route Box 1					26704				U.S.A	١.
BY FU	11. MARITAL STATUS 1 Never Married 2 🖔 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 V Y IF YES, GIVE WAR O	R DATES		It yes, spe	ENGENT OF HISPAN cify Cuban, Mexica 2 X NO Specify	n, Puerto Rica		or No—	14. RACE - Black, Specify:	
	15. DECEDENT'S EDUCA	W.W.					I more time				White
COMPLETED	(Specify only highest grade or		16a. DEC (Giv.	DO NOT US	USUAL OCCUPATION ork done during mode retired.)	IN st of working	16b. KJR	ID OF BUS	SINESS/IND	USTRY	
릴	Unknown		S	elf			- }		Carp	enter	
S	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Midd	le, Maiden	Sumame)		
	Preston	E. Wolford	d				Bertie	e E.	Doy1	e	
TO BE	19e. INFORMANT'S NAME (Type/Print)		196			nd Number or Rural I					4701
	Eveline A. Wolford				Route E		Augus				26704
	20e. METHOD OF DISPOSITION X Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State	20b. PLACE C other ple	cel	enezer (cemetery or cemetory or				W. \	
	21. SIGNATURE OF SUNERAL SERVICE LICE	NSEE >			22. NAME AN	D ADDRESS OF FA	CILITY				
	1 × 4 AX	1				er Funer ney, W. V		ne 6757			
	23. 960) Enter the diseases, or co sheet/ or heart fellure. Li IMMEDIATE CAUSE (Finel disease or condition	mplications that cause of cranio-	n eech iine.		ot enter the mo			or reepi	iratory arr	reat,	Approximate interval Between Onset and Death
	resulting in death) a.	DUE TO (OR	AS A CONSEC	UENCE OF	ን ፦						
TION	Sequentially list conditione, if any, leading to immediate	OUE TO (OR	AS A CONSEC	UENCE OF	ŋ:						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEC	UENCE OF	ງ :	-					
EB	resulting in death) LAST d.										
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	contributing to dee	th but not n	eeuiting i	n the underlying	g cause given in		a. WAS AN PERFOR	RMEO?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
A: ME										XX	IŽ YES 2 □ NO
IAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (Ch	neck only one)				
Sic		HOSPITAL: 1 Inpetient 2 MAR/	Outpatient 3	□ DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence	6 Other (S	pecify)			
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 1. Netural Investigation	28a. DATE OF INJU (Month, Day, Ye 5-14-9(JRY par)	28b. TIM INJ 5:4!	URY WO	PRK?	28d. OESCR Drive				ned over
	3 Suicide 8 Could not be determined	28e. PLACE OF IN. building, etc.	JURY — At hor (Specify)	me, farm,	-	•	28t. LOCATION OF THE COLOW	own, State)		rute Number, 'irginia
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSICI (Check only one)	IAN: To the best of my i					e to the cause	e) end me	nner as sta	ted.	
BE C	296 SIGNATURE AND TITLE OF CERTIFIER	e Yal	l	Bos	_/	29c. LICENSE NU	MBER		29d. DAT	5-15	Month, Day, Year)

NATURE AND TITLE OF CER

29c. LICENSE NUMBER
OCME

29d. DATE SIGNED (Month, Day, Year) 5-15-90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Typo, Print)

Frank Peretti, MD 1111 Penn Street, Baltimore, MD 21201

2

VC

31. DATE FILEO (Month, Day, Year) MAY 2 2 1990 19. REGISTRANIS SIGNATURE

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 234 can be seen the control of the con	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the increase director process.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remove	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinor must be accounted.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPART			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	CHRISTOPHE	R M. V	WAHL			монтн b/ 5 7	90	8:45 pm M
	4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	212-27-1970	1 🙀 M 2 🗌 F	5 YRS.	ONTHS DAYS	HOURS MIN.	3 30		aryland
	9a. FACILITY NAME (If not institution, give street	et and number)	3	b. CITY, TOWN (R LOCATION OF DE	ATH		Y OF DEATH
DIRECTOR	Easton Memorial H	ospital		Eas	ton Md		Tall	bot
Si l	10a. STATE 10b. COUNTY		10e. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
늅	Maryland Caro	line	Pr	eston				LIMITS? 1 ☐ YES 2 € NO
AL.	10a. STREET AND NUMBER				. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
ER.	Rt 1 Box CL 4				21655			
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14	I. RACE — American Indian, Black, White, etc.
<u></u>	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TYES	2 NO Specify	n, Puerto Rican, etc.)		Specify:
					HI.	100 000 0000		white
COMPLETED	18. DECEDENT'S EDUCA (Specify only highest grade co	impleted)	(Give kind of wo	rk done durina mo		16b, KIND OF BU	SINESS/INDUS	TRY
اۃ	pre-school	College (1-4 or 5+)	student					
N N	17. FATHER'S NAME (First, Middle, Last)		student		18 MOTHER'S NA	ME (First, Middle, Maiden	Sumamal	
ŏ	Shawn Matthew	Wahl				le Hinne:		7.
H	19a. INFORMANT'S NAME (Type/Print)	, tall 1	19b. MAILING A	DORESS (Street /		Route Number, City or Tow		
2	Shawn M. Wahl		The second second second second			Preston,		21655
	20a. METHOD OF DISPOSITION 5	/10/90 206.	PLACE OF DISPOSIT					ly or Town, State
	1 XBurial 2 Cremation 3 Ramov	al from State	other place)	Here was				, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN		initor or		D ADDRESS OF FA		000011	/ mary rand
	1 1 2			New	nam Fun	eral Hom	е	
	JOHN R. 23. PART I. Enter the diseases, or con	MERCER	200	Eas	on, Ma	ryland		
	ahock, or heert fellure. Li	st only one ceuse on e	ech iins.	t enter the mo	de of dying, auc	n as cardiec or resp	iratory srres	interval Bstween
	iMMEDIATE CAUSE (Finel disease or condition							Onset and Death
	resulting in death) e.		LE INJURI					
_		DOE TO (ON AS A	CONSECUENCE OF).					i
0	Sequentisity list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					<u> </u>
¥	cause. Enter UNDERLYING							
三	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	resulting in desth) LAST d.							
	PART if. Other significent conditions	contribution to death h	ut not resulting in	the underlyin	a cause alven in	Part I. 24s. WAS AN	AUTODOV	24b. WERE AUTOPSY FINDINGS
MEDICAL	, otto agrinom conditions	contributing to death b	at not resulting in	the onderlyin	g cause given iii	PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
ă						── NOT YES	NO 🗆	OF DEATH?
						—		1 [] YES 2 花 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28 B	LACE OF DEATH (Ch	ant ant and		
	EXAMINER?	HOSPITAL: 1 □ Inpatient 本哲 ER/Outp		OTHER:				
H	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME		URY AT	8 Other (Specify) 28d, DESCRIBE HOW	INJURY OCCU	RED
	1 Natural 6 Pending	(Month, Day, Year) 5-7-90	7:39	RY W	PRK?	and the same of the same		ding bicytle
BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	- At home, term, at			28t, LOCATION (Street	and Number or	
	4 Homicide determined	building, etc. (Spec	reet			Preston, M		.lbox CL 4
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my know		at the time date	and place and due			
MP	(Check only one) 2 MEDICAL EXAMINER:	On the basis of examination	n odder Investigation	in my opinion.	leath occured at the	time, data and place. a	nd due to the	cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIEN	7.00	1		29c. LICENSE NUI			SIGNED (Month, Day, Year)
BE	Man =	13010	1111		224000000	mest	 	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATM (ITEM 27) ONE	Printi	OCME		5-0	8-90
	Landa and the same of the same	,	11		Doll by	- W 1	21203	
	Mario F. Golle Jrr 31. DATE FILED (Movim, Day, 18ar)	M.D., 111	Penn Str	eet.	bartimor	e.Maryland	. 2120	
	MAY 0 9 '90	Lection Main	dron Hondes	9.				

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NG	fter	eath	E
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A	8	aff	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete	hours	IMPORTANT: If Item 28 Is marked, or Item 23 shows any injury, or other traumatic event,
A	M	2	=
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F	F	B	=

WILLIAM D.

31. DATE FILED (Month, Day, Year)
MAY 1 4 '90

BOYD,

II,

M.D.

32. REGISTRAR'S SIGNATURE
Julia Savidson-Randala

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR					MENTA	L HYGIEN	E		
	1. DECEDENT'S HAME (First, Middle, Last)								2. DATE	OF DEATH	W	YEAR	3. TIME OF DEATH
			ILLIAMS						MA		, 199		12:16 P M
	4. SOCIAL SECURITY HUMBER 098-22-0001	5. SEX 1 M 2 F	6. AGE (In yrs. In	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.		OF BIRTH	28	a. BIRTH Country Ne	PLACE (State or Foreign Y) W YOIK
DR	90. FACILITY NAME (If not institution, give at St. Mary's Hos						naro					HTY OF DI	ary's
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE Maryland Ch	arles			y, TOWN O			ns,					10d. IHSIDE CITY LIMITS? 1 YES 2 VIO
FUNERAL	P. O. BOX 100					101	ZIP CODE	2069	5			JSA	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Hever Married 2 🔀 Married 3 Widowed 4 Divorced		IT EVER IH U.S. AI XES 2 MAB OR DATES			If yes, sp		m, Maxice	n, Puerto	N? (Specify Yea Rican, etc.)	or No—	14. RACE Black Speck Whi	— American Indian, s, White, etc.
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	+) // //	ECEDENT'S Give kind of b. Do NOT u	work done se retired.)			ng	16	Trans			on
BE CON	17. FATHER'S NAME (First, Middle, Last) Fred John Will	iams						Pau	lin		zabe		Shoemaker
2	192. INFORMANT'S NAME (Type/Print) Catherine G. W	illiams		Р.	0.	Вох	100), h			ins,	Md	. 20695
	20a. METHOD OF DISPOSITIOH 1		206. PLACE other p Mary	Mace)			,,	,	ete			enhai	m, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	y. Y.	Mude	0		Hunt		une	ral	Home	donf	· Ma	d. 20604-0
	23. PART I. Enter the diseases, prospective abock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one car		ardi	al II	tha mo	da of dy	ing, auc					Approximate interval Between Onset and Daath
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	G	OR AS A CONSE										
MEDICAL	PART II. Other algnificant condition	a contributing to		resulting	In the u	nderlyln	g cause	given in	Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
SICIAIN	25. WAS CASE REFERRED TO MEDICAL EXAMIHER? 1 YES 2 HO	HOSPITAL:	☐ ER/Outpatiant	3 X DOA	OTHE	R:	ACE OF D			one) er (Specify)			
	27. MANNER OF DEATH 1 Hetural 5 Pending 2 Accident Investigation		Day, Year)		JURY M	1 🔲	PRK7 YES 2	НО		SCRIBE HOW I			
	3 Suicide 6 Could not be 4 Homicide determined	building	OF INJURY — At h , etc. (Specify)						Clt	CATION (Street a y or Town, State)			Route Number,
	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of a					eath occu	ered at the	time, da		d due to t	the cause(a	s) and manner as stated.
	295- SIGNATURE AND TITLE OF CERTIFIER	* to	7)					4285			29d, DA1	TE SIONEO	(Month, Day, Year) 7 - 70.

JEFFERSON STREET,

LEONARDTOWN, MARYLAND 20650

				1 1	
	NOI	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	SICIAN: MEDIC	ETED BY PHY	TO BE COMPLE
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must	matic event, the r	y injury, or other trau	r Item 23 shows an	1 28 is marked, o	IMPORTANT: If Iten
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral denotes be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and completely filled to burial, cremation, o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	ificate has been signed State Dept. of Health	ECTOR: After this cert is after death with the	TO THE FUNERAL DIR. be filed within 72 hour
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Plant 6 mg	executed within 24 h	at the death certificate be	AN: The law requires th	ATTENDING PHYSICI	TO THE HOSPITAL OR

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	FOR STATE REGISTRAR	STATE OF M	IARYLAN	D / DEPART					GIENI G. NO.	E	9	0	1457
i	1. OECEDENT'S NAME (First, Middle, Last)			1			\neg	2. DATE OF DE				3. TIME	OF DEATH
	John	Franklin		Walrav	≥n			April	06		90	9	:30AM M
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER 1 YE	AR IF UNDER		7. DATE OF BI	RTH	1	6. BIRTH	PLACE (SI	ate or Foreign
- 1	218-24-4273	1. M 2 □ F	84	YRS.	MONTHS DA	YS HOURS	MIN.	Aug. 14	19()	5	Country	" MD	
	9a. FACILITY NAME (If not institution, give s		O1		9b. CITY. TO	WN OR LOCATIO	_		, 100		TY OF DI		
			i+ - 1	1						Va	~+		
2	Kent & Queen Ann	ie s nosp	ıtaı	IIIC I	ches	tertown				Ke	116		
ا يُو	10a. STATE 10b. COUNT	Y		10c. CITY,	TOWN OR L	OCATION						10d. INSI	
DIRECTOR	MD Quee	en Anne's		Suc	llersv	ille					- 1	The last 1	S 2 NO
ا پ	10e. STREET AND NUMBER					101. ZIP CODE				10g. CITI	ZEN OF W	HAT COU	NTRY?
LONERAL	Rt. 1, Box 60B					2160	38				USA		
5	11. MARITAL STATUS	12. WAS DECEDEN		S. ARMED	13. WAS	DECENDENT OF		C ORIGIN? (Spi	cify Yea	or No-	14. RACE	- Ameri	can indian,
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W		NO NO		s, specify Cuban YES 2 X NO			etc.)		Speci	, White, a	tc.
ā	3 Widowed 4 Divorced					22	opeoy.			i	ф	Wh	ite
2	15. DECEDENT'S EDU (Specify only highest grade		16	a. DECEDENT'S U	SUAL OCCU	PATION og most of working		16b. KIND	OF BUS	INESS/INC	USTRY		
ų.	Elementary/Secondary (0-12)	College (1-4 or 5 -	-)	life. Do NOT use	retired.)	g most or working	,						
Ē	unknown			fam	er			fa	armi	ng			
COMPLE	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAM	IE (First, Middle,	Maiden	Surname)			
i i	Frank W.J. Walra	ven				E	lva V	Vallace	9				
2	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	reet and Number	or Rural Ro	oute Number, Cit	y or Town	n, State, Zip	Code)		
1	Lillian Walraven	1		same	as ab	ove							
•	20a METHOD OF DISPOSITION	and from State	20b. Pt	ACE OF DISPOSE	TION (Name	of cemetery, crem	atory or		20c. LO	CATION	City or To	wn, Stata	
	4 Donation 5 Other (Specify)	IOVER FROM SURE		Sudlers	rille	Cemeter	V		S	udle	rsvi	lle.	MD
Ì	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				E AND ADDRES							
	▶ Man ∩	1,10	1 6			lows Ft							DOM:
-	23. PART I. Enter the diseases, or		NUS	- distant		W. Cvr							
Ì	shock, or heart failure.	List only one cau	se on each	ilne.	or entar the	mode of dyn	ıg, sucn	as cardiac c	or respi	ratory an	eat,	Int	proximeta arval Between
	IMMEDIATE CAUSE (Final disease or condition		0		1							1	set and Death
Į	resulting in daeth)	a		rhos								0	vech S
1		DUE TO	(OR AS A CO	ONSEQUENCE OF):								
5	Sequentially list conditions,	b	(OR AS A C	ONSEQUENCE OF								-	
HIFICALION	if any, leading to immediate cause. Enter UNDERLYING	552.15	(011 70 7 00	ANDEROESTOE OF	,.							Ì	
₹	CAUSE (Disease or injury that initiated events	c. DUE TÔ	(OR AS A CO	INSEQUENCE OF):							+	
	resulting in death) LAST												
ני כ		d											
١	PART II. Other significant condition	_		not resulting is	the unde	riying cause g	iven in F	Part I. 24a.	WAS AN	AUTOPSY MED?	24b	44 (0.0) A (0.4)	TOPSY FINDINGS E PRIOR TO
MEDIC	Esophageal	Vanus						1 🗆	YES 2	-		OF DEAT	TION OF CAUSE
								_				1 📋 YE	8 2 🗋 NO
Ž	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF DE	ATH (Che	ck only one)					
SICIAN	EXAMINER?	HOSPITAL:	ER/Outpatk	ent 3 🗆 DOA	OTHER:	Home 5 🗆 Re	sidence (8 Other (Spe	icify)				
	27. MANNER OF DEATH	28a. DATE OF (Month, E	INJURY	26b. TIME	OF 28	c. INJURY AT WORK?	\neg	26d. DESCRIB	E HOW I	NJURY OC	CURED		
1	1 Natural 5 Pending 2 Accident Investigation	(MORII, E	ely, roal)	indi		YES 2	NO						
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE C	of injury	Al home, farm, s	treet, factory	offica	\neg	28f. LOCATION			or Rural I	loute Num	ber,
	4 Homicide determined	Dulliany,	etc. (Specify)					City or Tow	rn, Stare)				
COMPLEIED	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	my knowled	oe, death occurre	d at the time	data and place.	and due I	to the cause(s)	and mar	nor as sta	ted.		
ž	(Check only one) 2 MEDICAL EXAMIN) and mar	nner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE						NSE NUM				E SIGNED		
8	Upn	mi	2-2	- Kee		DI	1)3<	4		≥ 54. OAI	4/	6	-
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	SE OF DEATH	(ITEM 27) /5~~	Print)	1 00		1			1//	01	90
				t crem ary (1900,	7	00-		י בין					
	- 1 - 1	CHTIA	and to			TELL	P \(/~	71111	/ /				
	31. DATE TOED (Mpnth, Del Ora)	3 Acrac &		Mandell.		676	ev o	TUN,	Ш	d			

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	준	4	W H	ark
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be recent	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 👊	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notify
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	REGISTRAR			RTIFIC			R			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	EATH		3. TIME OF DEATH D
{}	Charles Norman	Weedman					04	20		90 10:30 ^M
	4. SOCIAL SECURITY NUMBER	7	AGE (In yrs. last t	oirthday) IF	UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF B			BIRTHPLACE (State or Foreign
	213-09-8103	1 XM 2 F	73		NTHS DAY		(Month, De)	(, Year)		Country)
	9e. FACILITY NAME (If not institution, give	22	10		0000	100.000	Jan 12			MD OF DEATH
~		,				N OR LOCATION OF DI	EATH		9c. COUNTY	OF DEATH
Ö	The Kent & Queen	<u>Annes Hospi</u>	tal, I	nc.	<u>Ches</u>	tertown			<u>Ke</u>	nt
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT			10c. CITY, TO	OWN OR LO	CATION				10d. INSIDE CITY
<u>E</u>		.A.								LIMITS?
0		· fix •		Sua.	lersv					1 YES 2 NO
A	10e. STREET AND NUMBER				- 1	10f. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?
<u>E</u>	S. Church Street	t				21668				U.S.A.
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARM	ED		ECENDENT OF HISPAI			r No- 14	. RACE — American Indian, Black, White, atc.
	1 Never Merried 2 Merried	FORCES? 177 Y	OR DATES	'		epecify Cuben, Mexico		i, atc.)		
ВУ	3 Wildowed 4 Divorced	WW II			1					Specify: White
	15. DECEOENT'S EDU (Specify only highest grad	JCATION le completed	18e. DECI	EDENT'S USI	JAL OCCUP	ATION most of working	18b. KIN	D OF BUSIN	ESS/INDUS	TRY
Щ	Elementery/Secondery (0-12)	College (1-4 or 5+)	life. D	Oo NOT use re	tired.)	most or working		- 12		
로	11		Tax	x Acce	esser		Stat	e of	MD &	Q.A. County
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle	e, Maiden Su	mame)	
0	Denver Weedman					Drusi	lla Wil	son		
BE	19a. INFORMANT'S NAME (Type/Print)		19h	MAILING AD	DRESS (Stra	et and Number or Rural	Boute Number C	alty or Town	State Zin Co	orfe)
2	The state of the s			same a			riodio ridinosi, C	nty or lown,	State, Zip Ot	,00
1	Rachel Weedman									
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Rec	noval from State	other plac	(m)		cemetery, crematory or				y or Town, State ille, MD
	4 Donetion 5 Other (Specify)		Sudie:	rsv11.		metery		Suu	rersv	IIIe, MD
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE				lows Fune:		20		
	- Show B	+200m	110			W. Cypre:			inato	n.MD 21651
	23. PART i. Enter the disease, or	complications that ca	used the dee	th Do not						
	shock, or heert fellure.	List only one ceuee	on each line.	0 0		g, out	00 00.0.00		,	interval Between
- 1	IMMEDIATE CAUSE (Finel	1 1		/		1/	1) /	1	Onset and Death
	diseese or condition resulting in deeth)	· / Cute	ant	Leviv-	W	all my	ocard	12/1	1 12	rchis 17 hrs
		DUE TO (OR	AS A CONSECU	JENCE OF):	1	1 1				
z		· Hoterio	schero	tic	hea	int dis	en se			
2	Sequentially liet conditions, If any, leeding to immediate	DUE TO (OR	AS A CONSEOU	JENCE OF):						
Ā	ceuse. Enter UNDERLYING									ļ
	CAUSE (Diseese or Injury	C.								
FI	thet initieted events	cDUE TO (OR	AS A CONSEQU	JENCE OF):						
RTIFIC		DUE TO (OR	AS A CONSEQU	JENCE OF):						
CERTIFIC	thet initieted events resulting in deeth) LAST	d								
AL CERTIFIC	thet initieted events	d			he underl	ying cause given in	Part i. 24	. WAS AN A		24b. WERE AUTOPSY FINDINGS
ICAL CERTIFIC	thet initieted events resulting in deeth) LAST	d	oth but not re					PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL CERTIFICATION	thet initieted events resulting in deeth) LAST	d	oth but not re	suiting in t					ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	thet initieted events resulting in deeth) LAST	d	oth but not re	suiting in t				PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Σ	PART II. Other significent condition	d	oth but not re	suiting in t	hui	s do lun	11	PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	PART II. Other significent condition CANCIAGNA 25. WAS CASE REFERREO TO MEDICAL EXAMINER?	d. ons contributing to dee PECHAM U HOSPITAL:	oth but not re	suiting in t	hui		11	PERFORM	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	PART II. Other significent condition CACCIAGNA 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 DATO	d. ons contributing to dee Please u HOSPITAL: 1 Despetant 2 = ER	oth but not re	suiting in t	20 THER:	S. PLACE OF OEATH (C)	neck only one) 8 □ Other (Sp	PERFORM YES 2	AO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Σ	PART II. Other significent condition CACCAMA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH	d. ons contributing to dee PECHAM U HOSPITAL:	With but not re	suiting in t	THER: Nursing () F 28c.	L PLACE OF OEATH (CI	neck only one)	PERFORM YES 2	AO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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E COMPLETED BY PHYSICIAN: M	thet initieted events resulting in deeth) LAST PART II. Other significent condition CACCAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	HOSPITAL: 1 Description 2 ER 28e. DATE OF INJ. (Month, Day, Y) 28e. PLACE OF IN building, etc. SICIAN: To the best of my ster. On the best of examiler	/Outpatient 3 (Unry bear) JURY — At hom (Specify) knowledge, dear institution end/or in	DOA 4 28b. TIME C INJURY th occurred to exestigation, in	22 THER: Nursing is provided to the time, in my opinion	PLACE OF OEATH (CI	28d. DESCRIE 28d. DESCRIE 28f. LOCATIC City or R to the cause(s to time, date and	PERFORM YES 2 OCCITY) BE HOW IN. (Street army, State)	JURY OCCU d Number or er se stated due to the	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO REO Rural Route Number, cause(e) and menner se stated. SIGNEO (Month, Day, Year)
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 riours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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1 - STA	R ATE GISTRAR	STATE DF MARYL		MENT OF H		MENTAL HYGIENE REG. NO.			
1. DECED	DENT'S NAME (First, Middle, Last)	Mary Chr MARY	istine	Tingli	ng	2. DATE OF DEATH MONTH	GEAR O	3. TIME OF DEATN	
216	-05-1711	1 □ M 2 X F 7	fin yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 4,1	.914 S. BIRTI	NPLACE (State or Foreign	
	ITY NAME (If not institution, give some County		ital		inster	EATN	ec. County of Carr		
Mar Mar		10d. INSIDE CITY LIMITS? 1 YES 2 NO							
15		10g. CITIZEN OF	S.A.						
3 🗆 Wid	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 MO If Yes, specify, Cuben, Mexican, Puerto Ricen, etc.) 14. Rever Merried 2 Merried 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use retired.) 17. WAS DECEDENT OF NISPANIC ORIGIN? (Specify Yee or No—If yes, specify, Cuben, Mexican, Puerto Ricen, etc.) 16. KIND OF BUSINESS/INDUSTR (Give kind of work done during most of working like. Do NOT use retired.) 18. DECEDENT'S EDUCATION (Give kind of work done during most of working like. Do NOT use retired.) 19. C. Penne								
17. FATHE Wil	er's NAME (First, Middle, Lest) Liam A. Smi	th		-		ME (First, Middle, Maiden St			
Rob	pert E. Ying		15	Monroe	St. We	Route Number, City or Town, estminster	, Md. 2		
4 🗆 Don	20g. METHOD OF DISPOSITION 1A Burlet 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or State Silver Run, Md. 20c. LOCATION — City or Town, State Silver Run, Md. 22c. NAME AND ADDRESS OF FACILITY Thomas D. Fletcher & Son F. H.								
1	2000	to A		West	minster	in Matrzel	57	у.Н.	
IMMEDI	IT I. Enter the diseases, or shock, or heart failure. IATE CAUSE (Final or condition and in death)	a. CON	ech line.	VE A	,	PAU		Approximats Interval Between Onset and Death	
If any, I cause. I CAUSE that Init	ntisily list conditions, leading to immediate Enter UNDERLYING (Disease or injury tlated events ag in death) LAST	a ASC	A CONSEQUENCE OF		ung ut A	ton'			
GT Polliting 20 Completion 1 yes 3 NO OF DEATH?							b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
EXAM	CASE REFERRED TO MEDICAL MINER? YES 2 NO	HOSPITAL:	netions 2 DOA	OTHER:	ACE OF OEATH (C)	s Other (Specify)			
27. MANN	NEB OF DEATH Natural 5 Pending	28a. DATE OF INJURY (Month, Dey, Year)	26b. TIME	E OF 28c. IN.	URY AT DRK? YES 2 NO	28d. DESCRIBE NOW IN	JURY OCCURED		
3 🗆 5	Accident Investigation Suicide S Could not be determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, s	treet, factory, offic		28f. LOCATION (Street en City or Town, State)	d Number or Rural	Route Number,	
29a, CER (Chec one)	ck only	BICIAN: To the best of my know ER: On the basis of examination						(e) end menner se stated.	
	NATURE AND TITLE OF CENTIFIE	mus	h	ica	29c. LICENSE NU	MARER D 9 9	29d. DATE SIGNE	D (Month, Day, Year)	
30. NAME	AND ADDRESS OF PERSON WI	Rd. W	1537 M.	INSTA	- M	1 MA	NUEL	J. SEVILLA	
31. DATE	MAY 11 '90	32. REGISTIAN'S SIN	widson-Rand	Le BR	,				

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PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed whom 24 hours are death. Page 6 may be retained by the nospital of are	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use		
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MAY 2 0 1990

32 MEDISTRAR'S

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH 25, ARMIGER May 1990 LILLIAN C. 0530 4. SOCIAL SECURITY NUMBER a. SEX 6. AGE (In vrs. lost birthdev) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 XX 95 10-23-1894 Maryland 450-78-5303 Pages 1, 2, 3 should 9a, FACILITY NAME (If not institution, give street and number 9c. COUNTY OF DEATH 95 CITY TOWN OR LOCATION OF DEATH DIRECTOR Baltimore 68 Acorn Circle #102 Towson RESIDENCE OF DECEDENT 10e. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Towson 1 YES 2 X NO Maryland permit. FUNERAL 10a. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 21204 U.S.A. the burial-transit 68 Acorn Circle #102 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES X XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 YES 2 1 NO Specify: BY 3 Wildowed 4 Divorced White 6 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 6 Years Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Maiden Surname) Baltz Trockenbrot **Emma** notified at John BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Acorn Circle Towson, Maryland 21204 Agnes E. Ferguson pe 20e. METHOD OF DISPOSITION

X Suriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must Cemetery Baltimore Baltimore, Maryland Donation 5 - Other (Specify) _ examiner 22. NAME AND ADDRESS OF FACILITY William E. Johnson, P.A. Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ca Loch Raven Blvd. Towson, MD21204 medical 23. PART I. Enter the diseases, or complications that cause the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, ahock, or heart fellure. List only one ceuse on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition intructer minedeal reaulting in death) event. DUE TO JOR AS A CONSEQUENCE OF: DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially liet conditions, if env. leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 In un. PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? Shows 1 TES TO NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item HOSPITAL OTHER: 1 YES 2 NO tient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 9 27, MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Bulcide 69 8 Could not be ETED 4 Homicide 28 determined Hem COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. = TO THE HOSPITA
TO THE FUNERAL
BE filed within 72
IMPORTANT: IF 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as stated. 29h, SHONAZORE AND TITLE OF CERTIFICA 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE mi 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) lu 111

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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HSIAO. Y W RET F: 1: 7 SURFOR WS W F 25Y W EG1404 04 # 1 MS:

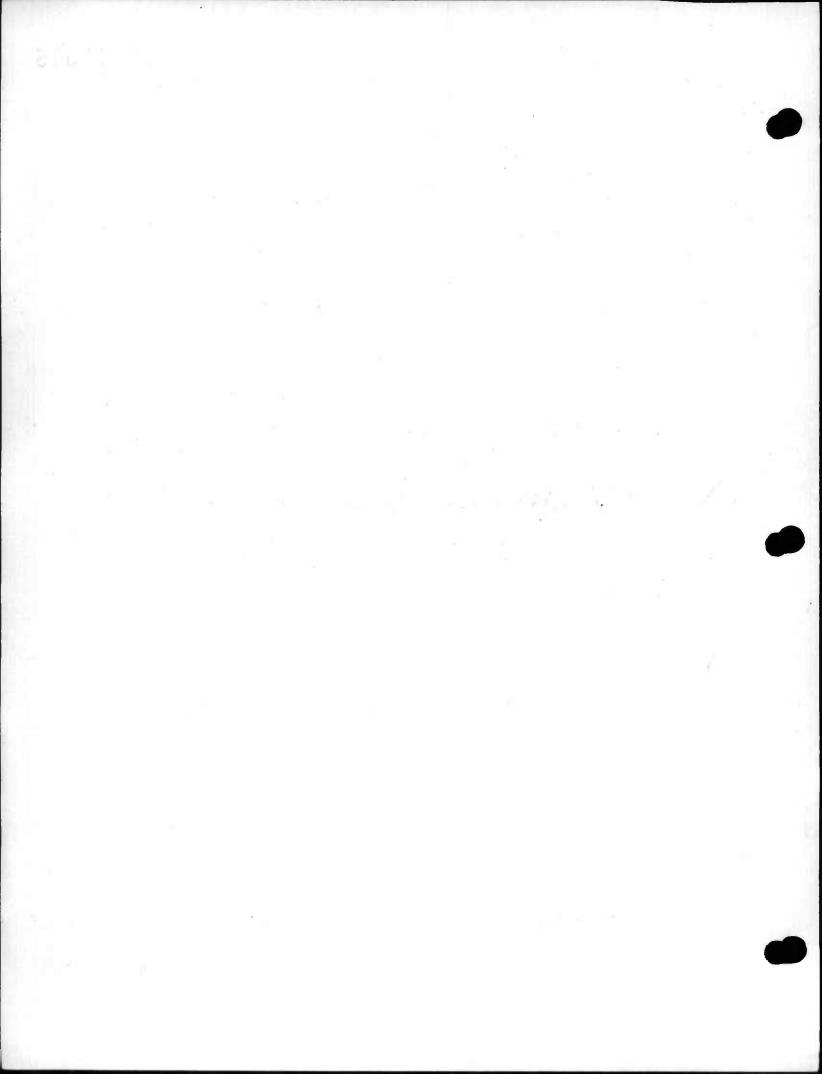
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1 - FOR STATE REGIS	TRAR	STATE OF	MARYLAND / DEP. CERT					MENTAL	HYGIEN REG. NO				
1. DECRIDEN	T'9 NAME (Firsty Middle, Las		1. ALTREIT	'H				2. DATE O			YEAR	3. TH	ME OF DEATH
-	ECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthde		DER 1 YEAR	IF UNDER		7. DATE O	F BIRTH Day, Year)		8. BIRTI		(State or Foreign
220-	07-8816	1 □ M 2XXF	84 YRS	MONTH.	B DAYS	HOURS	MIN.		13-1	905	Cours		1D
	NAME (If not institution, give	ve street and number)		9b. CI	TY, TOWN	OR LOCATI	ON OF D	EATH		9c. COU	INTY OF	HTASC	
UNIC	N MEMORIAL			В	ALTI	ORE	CITY	7					
UNIC RESIDEN 10a. STATE	10b. COU		10c.	CITY, TOWI	N OR LOCA	TION						10d.	NSIDE CITY
HG	MD.		E	ALT	IMOR:	E,CI	TY						YES 2 NO
10e. STREET	AND NUMBER				_	, ZIP COD				10g. CIT	IZEN OF	WHAT C	COUNTRY?
100. STREET	4419 LINK	WOOD ROA	AD				21	210			U	.s.	Α.
11. MARITAL		12. WAS DECEDE FORCES?	NT EVER IN U.S. ARMED	1	3. WAS DEC	ENDENT (OF HISPA	NIC ORIGIN?	(Specify Ye	s or No—	14. RAC Bloc	E — An	nerican Indian, a, etc.
	farried 2 Married	IF YES, GIVE	WAR OR DATES			2 NO			0011, 0101,		Spec	offv:	HITE
	15. DECEDENT'S E	DUCATION	16e. DECEDEN	IAIISII S'T	OCCUPATI	ON		16h	KIND OF BU	SINESS/IN	DUSTRY	-	AIIII
Elemente	(Specify only highest gra ry/Secondary (0-12)		(Give kind	of work do	ne during mo	ost of worki	ng	100.	KIND OF BO	OHEGONH	DOSINI		
	1 2	Conega (1-4 or 5	(+)	01	FFIC	E			STAT	E OF	MD		
Elementa 17. FATHER'S	NAME (First, Middle, Last)						HER'S NA	ME (First, M					
	WILLIAM M	EDFORD				HA	RRI	ET L	LAKE				
194. INFORM	ANT'S NAME (Type/Print)		P. C. A. C. C. C.					Route Numb					
MA	RY ANN LO	W						. ED	GEWO	OD,M	ID.	210)40
18 Burial	D OF DISPOSITION 2 Cremetion 3 R	lemoval from State	20b. PLACE OF DIS other place)			,				CATION -			
	on 5 Other (Specify) RE OF FUNERAL SERVICE	LIOENBER	_ I		AINE				I WO	ODLA	AMN,	MD.	21207
21, SIGNATU	P O	No.	> 1 0	V I	2, NAME A	ND ADDHE	:85 OF F/	4	905	YORK	RO	AD	21212
7	Edus	1. VVI	erkers									LTC	O,MD.
23. PART	. Enter the diseases, of ahook, or heart failu	or compileations th	at caused the death. D	o ot en	tar the mo	de of dy	ing, suc	th as card	ac or resp	iratory a	rreat,	T	Approximate interval Between
	E CAUSE (Fine)	•		1			10		4				Onset end Dea
resulting i	n death)		O (OR AS A CONSEQUENCE	yt	-0.1	me	/H	rres					
		D. OUE T	O (OR AS A CONSEQUENC	E OF):			,						
Sequentia	ity list conditions,	a Prec	O (OR AS A CONSEQUENCE	E OED:								-	
	ding to immediate ter UNDERLYING	COP/) - Emph		M.							j	
CAUSE (D	isease or injury	DUE T	O (OR AS A CONSEQUENC	_									
resulting i	n death) LAST	d											
DART II C	thar significant condi-	tions contributing t	o death but not resulti	ng in the	underlyin	C CRUSA	given in	Part i	24s, WAS A	ALITTO DEV	/ 24	h WEDI	AUTOPSY FINDING
MEDICAL				ng m uno	andonyn	g oadec	9		PERFO	RMED?	-	AVAIL	ABLE PRIOR TO PLETION OF CAUSE
								_	1 TYES	2 KINO			EATH?
								-				1 📋	YES 2 NO
Z 25. WAS CAS	SE REFERRED TO MEDICAL	L			26. P	LACE OF I	DEATH (C	heck only on	9)				
EXAMIN 1 YE	ER? 8 2 \$ NO	HOSPITAL:	☐ ER/Outpatient 3 ☐ DC	A 4	ER:	ne 5 🗆 R	esidence	8 🗆 Other	(Specify)				
25. WAS CAS EXAMIN 1 YE	OF DEATH	28a. DATE C	OF INJURY 28b.	TIME OF	26c. IN	JURY AT			CRIBE HOW	INJURY O	CCURED		
1 Mate			Day, Year)	INJUNT N		YES 2	_ NO						
	PLEGITIVE	28e. PLACE	OF INJURY — At home, fag, atc. (Specify)	rm, street,	factory, offi	CO CO			KTION (Street or Town, State		er or Rural	Route I	Number,
3 Sul								,	Guin				
29a. CERTIF (Check one)		HYSICIAN: To the best	of my knowledge, death oc	curred at ti	ne time, dat	and plac	e, and du	e to the cau	ee(a) and m	nner as st	ated.		
One)		MINER: On the beals of	examination and/or investi-	gation, in n	ny opinion,	death occu	red at th	e time, dete	and place, s	nd due to	the cause	(a) and	manner as stated.
	URE AND TITLE OF CERT	IFIER)				29c. LIC	ENSE NU	MBER		29d. D/	TE SIGNE	D (Mon	th, Day, Year)
W 296. SIGN	Short	Inna	h			ID	3 (205			5 -	-71	-9/1

	10	ver) Lo	nob	
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29d. DATE SIGNED (Month, Day, Year) 26 -

7 32. PEGISTHA DE BLANCE



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE OF MA					MENTAL		E	50	143/0
	REGISTRAR	CE	RIFIC	ATE OF	DEATH	I	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) Benjamin A. Aiell					2. DATE O	F DEATH DA		YEAR	TIME OF OEATH
		Aintain I or	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	E DARTH	5-2	6-90	3:30 PM ACE (State or Foreign	
		AGE (In yrs. lest	MO	THS DAYS	HOURS MIN.	(Month,	Day, Year)	_	Country)	
	216-09-9130 1-X ^{M 2 - F}	83	YRS.				-21-0			sylvania
_	9a. FACILITY NAME (If not institution, give street and number)		9b.	. CITY, TOWN	R LOCATION OF D	EATH		9c. COU	NTY OF DEAT	Н
DINECION	CHURCH HOSPITAL CORPORATE TOOL TOOL TOOL TOOL TOOL TOOL TOOL TO	10. 0/7/1	BALT:	IMORE C	ITY					
	MD.	ECITY		- 1	Id. INSIDE CITY LIMITS? YES 2 NO					
7	10e. STREET AND NUMBER		HON	4Ε ¹⁰¹	ZIP CODE			10g. CITI	IZEN OF WHA	AT COUNTRY?
CINE	7232 GERMAN HILL RD. HI	ERITAG	E NUI	RSING		1222			U.S.	Α.
5	11. MARITAL STATUS 12. WAS OECEDENT E				ENOENT OF HISPA			or No	14. RACE -	American Indian, Vhite, atc.
	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR			1 Tyes, sp	ecity Cuben, Mexic 2 NO Speci	ian, Puarto Rik ify:	can, atc.)			White
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DEC	EDENT'S USL	JAL OCCUPATE	ON of working	16b. F	KIND OF BUS	BINESS/INC	DUSTRY	
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5 +)	Ille. I	Do NOT use re	done during mo tired.)	al or working					
CML	5th	Eq	uipme	ent Or	perator	. (Const	ruc	tion	
5	17. FATHER'S NAME (First, Middle, Last)	-			18. MOTHER'S N	AME (First, Mi	ddle, Maiden	Surname)		
	Joseph Aiello				Domeni	.ca		M	araso	20
ם מ	19a. INFORMANT'S NAME (Type/Print)				and Number or Rura					
-	Mrs. Laura C. Aiello	1:	22 S.	Eato	n Stre	et Ba	alto.	Md	. 212	24
	200 METHOD OF DISPOSITION	20b. PLACE C	F DISPOSITIO	ON (Name of ce	metery, crematory or		20c. LO	CATION —	City or Town	, Stata
	1 Buriat 2 Cremetton 3 Removat from State 4 Donatton 5 Other (Specify) Sacred Heart of Jesus Cem. Baltimore, Marylan									Maryland
	21. SIGNATUBE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	1 1 1/1/2 -	_/		Joser	h N. Z	annir	no Jr	F	unera	1 Home
	Jours III ans	VW -	#1							Md. 2122
	23. PART Enter the diseases, or complications that c shock, or haert failure. List only one cause iMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (0	on asch liph.	ob	truc		cn ss cerui	sc or reep	ratory er	rest,	Approximats interval Between Onset and Daath
CENTIFICATION	r any, lasding to immediata cause. Enter UNDERLYING	R AS A CONSEO								
	PART il. Other significent conditione contributing to de	eath but not re	sulting in t	he underlyin	g cause given i	n Part I.	24a. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
5	Dementia.						PERFOR			MAILABLE PRIOR TO OMPLETION OF CAUSE
ב ב		-				_	1 YES 2	□ NO		F OEATH?
2						—			'	YES 2 NO
PRISICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL			04 B	LACE OF OEATH (C	N44				
3	EXAMINER? HOSPITAL:			THER:			The state of the s			
2	1 YES 2 NO 1 Prinpatient 2 E				ne 5 🗆 Raaldence					
	27. MANNER OF DEATH 28e. OATE OF IN (Month, Day.	Year)	28b, TIME O	Y W	JURY AT ORK?	28d. OESC	CRIBE HOW I	NJUHY OC	CUREO	
0	2 Accident Investigation									
3 Suicida 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29a. CERTIFIER (Check only) 0ne) 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(a) and							rte Number,			
4	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of m	v knowledce des	th occurred -	t the time des	and place and 4	in in the cours	ne(s) and man	nner er er	ted	
E	(Check only one) 2 MEDICAL EXAMINER: On the best of axer									nd manner as stated
3			getrort, I	my opinion,			and proce, at			
2	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE N	UMBER		29d. DA	TE SIGNED (A	fonth, Day, Year)
2	+ Maturey				UST	550			3/26	143.
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF OEATH (ITEM	27) (Type, Pri	(nt)	CHURCH	HOSP:	ITAL	,		
	31. DATE FILED (Month, Day, Year) 1990	SIGNATURE	- 11 1-1-1	-			4 4 4			

310 1

4

hours after death. Page 6 may be retained by the hospital or attending physician executed within OR ATTENDING PHYSICIAN. The law requires that the death certificate be

31. DATE FILED (Month, Day, Year)

MAF & 90890

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 90 FRANK ASBURL 1:25 PM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. (Morith, Day, Year) 12/24/1927 1 M 2 F W. Virginia 236-38-3431 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Harbor Hospital Center Balto City Md 10d. INSIDE CITY LIMITS? 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 1- YES 2 | NO Md Balto.City,Md FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1302 Andre St 21230 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 14. RACE — American Indian, Black, Whita, atc. FORCES? 1 YES 2 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Coal Miner Coal Co. 9th.Grade 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Nettie Т.Т Morgan BE Asbury 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 108 E.Randall St.Balto.Md.21230 <u>Mr.Frank Asbury</u> 20a. METHOD OF DISPOSITION
14 Burlel 2 Cremation 3 Res
4 Donation 5 Other (Specify) 20c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Cedar A.A.Co.Md. Hill Cemetery 21. SKINATURE OF FUHERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md.21230 Home, 130 E.Fort McCully Funeral Ave 23. PARY I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** End Stage Cardiomiopatus disease or condition resulting in deeth) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 27 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA ng Home 5 - Rasidence S - Other (Specify) 4 Nursi 28c. INJURY AT WORK? 27. MANNER OF DEATH 28a. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide S Could not be detarmined COMPLETED 4 Homicide 29a. CERTIFIER

(Chack note of the cause)

(Certifying Physician): To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE 90 KINGON 221 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Baltinone Hornover 3001 2 32. REGISTRAR'S SIGNATURA CONTROL SIGNATURA CONTROL CO

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24—Edus after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR

	1 - STATE REGISTRAR	CERT	IFICA	TE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)		•				TE OF DEATH		YEAR	3. TIME OF DEA	ATH
- 1	HARRY WILLIAM		ADAMS					MAY 25, 1990			Р. м
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last birth	day) IF UI	NDER 1 YEAR	IF UNDER 24 HRS.	7. DA	TE OF BIRTH	,	8. BIRTH	HPLACE (State or F	
	217 - 26 - 5568 1∑M2□F	59 YF	NONT	HS DAYS	HOURS MIN.		pt. 30,	1930	Mary		
- 1	9a. FACILITY NAME (If not institution, give street and number)		9b. (CITY, TOWN C	R LOCATION OF		, ,		NTY OF D	*	
œ	7592 Beach Dr. (Mt.Pleasa	at Boach)	l p	asadeı	20			1	A	undel	
61	RESIDENCE OF DECEDENT	it beach)	1	asauci	ıa			Allile	: ALC	indei	
7592 Beach Dr. (Mt.Pleasant Beach) Pasadena Anne RESIDENCE OF DECEDENT 108. STATE 108. COUNTY 108. CITY, TOWN OR LOCATION Maryland Anne Arundel Pasadena										10d. INSIDE CIT	гү
5	Maryland Anne Arundel Pasadena								1 TYES 2 X	NO	
									IZEN OF Y	WHAT COUNTRY?	
FUNERAL	7592 Beach Dr. (Mt. Pleasant Beach) 21122 U.S.A							S.A.			
3		NT EVER IN U.S. ARMED					GIN? (Specify Yes	or No-	14. RACI	E — American Inc	dian,
B	1 Never Married 2 Married FORCES? 3 Widowed 4 Divorced FORCES?	1 (₹) YES 2 (12) NO WAR OR DATES Kore	an		ecify Cuben, Maxi 2 X NO Spe		do Rican, etc.)	Black, White, etc. Specify: White			
E	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDE	NT'S USUA	L OCCUPATION	ON set of working		16b. KIND OF BUS	SINESS/IN	DUSTRY		
ᄪ	Elementary/Secondary (0-12) College (1-4 or 5	Elle Do Al	OT use retir	ed.)	or or worning	- 1					
F	6th. NONE	Sel:	f Emp	loyed			Constru	ctio	n C	arpente	r
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						st, Middle, Malden	Sumame)			
BE 0	Harry W. Adams				Ellen	L1o	yd				
	19a. INFORMANT'S NAME (Type/Print)	19b. MA	ILING ADD	RESS (Street a	and Number or Run	n/ Route N	lumber, City or Tow	n, State, Zi	p Code)		
2	Mrs. Emma L. Libera	302	1 Inc	liana	Ave. Ba	1tim	ore, Ma	ryla	nd	21227	
	20a, METHOD OF DISPOSITION 1 № Burlei 2 □ Cremation 3 □ Removal from State	20b. PLACE OF D	ISPOSITION	N (Name of cer	metery, cremetory o	or	20c. LO	CATION -	City or To	own, State	
	4 Donation 5 Other (Specify)	Meadowr:	idge	Memor	ial Par	k	E1	krid	ge M	aryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				ND ADDRESS OF						
	198 Hz 7/1.				eton Fu						061
	23. PART I, Enter the diseases, or complications the	at caused the death								Md. 21	
	ahock, or heart failure. List only one co		20 110(0	mor are me	ao or aying, a	0011 001 0	andido or roup		1000,	Interval	Between
	IMMEDIATE CAUSE (Final disease or condition	0	Di							Onset at	nd Death
	resulting in death) a	TOR AS A CONSEQUEN	C , L	1.						_	
		O (ON AS A CONSECUEN	CE OF).							İ	
CERTIFICATION	Sequentially list conditions, DUE 7	O (OR AS A CONSEQUEN	CE OF):							-	
AT	if any, leading to immediate cause. Enter UNDERLYING										
윤	CAUSE (Disease or Injury C. DUE 7	O (OR AS A CONSEQUEN	CE OF):								
E	resulting in death) LAST										
CE	- 0										
	PART II. Other algnificant conditions contributing to								248	b. WERE AUTOPSY AWAILABLE PRIO	
DICAL	Hypertension	, Boro	ter!	we.	DIADE	te	1 TES	NO NO		COMPLETION OF DEATH?	FCAUSE
ME								7.		1 YES 2) NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH	(Check onl	ly one)				
SIC	EXAMINER? HOSPITAL: 1 YES 2 NO 1 Inpetient 2	☐ ER/Outpetient 3 ☐ D		HER: Nursing Hor	na 5 Rasiden	ce 6 🗆 C	Other (Specify)				
H	27. MANNER OF DEATH 28s. DATE	F INJURY 28	b. TIME OF	28c. IN	JURY AT	_	DESCRIBE HOW	INJURY O	CCURED		
Natural Natural 5 Pending Investigation 2 Accident 3 Suicide 4 Homicide 4											
								Route Number,			
298. CERTIFIER 1 CERTIFYING SUVSICIAN. To the heat of an installation double country and the first date and also and double the suvsicial and											
MP	Check only Check only Chec									a stated.	
O The Canada of the Canada of Saminatori shows investigation, if my opinion, data occurred at the sine, date end place, and due to the canada) and manner as stated.											
BE	29b. SIGNATURE AND TUTLE OF CHARLES	mD i	100	utes	29c. LICENSE	NUMBER	Red	29d. DA	IE SIGNE	ED (Month, Day). You	A
10	Julian J	,	Top	7	110	60	07		1/0	18/7	U
_	30. NAME AND ADDRESS OF PERSON WID DEPLETED CA				ד במ	4.1.	14.1	2071	1		
		4837 Solomo	ons 1	stand	KG. LO	inia	n, Md.	20/1	1		
	MAY 2.9 1990 & Name	Jandall	_								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

	REGISTRAR			CHIIL	ICALE	OF DE	ALL		EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lust)							2. DATE OF	DA	W 10	YEAR	3. TIME OF DEATH
Ì	RALPH SOLOMAN 4. SOCIAL SECURITY NUMBER 5. SEX 6. A			11110001101								8:00 A.M
	235-14-6699	1 M 2 F	6. AGE (In yrs. II	YRS.	MONTHS D	AYS HOU	OER 24 HRS.	7. DATE OF E (Month, De	y, Ybar)	1909	Counti	PLACE (State or Foreign ny) t Virginia
	9a. FACILITY NAME (If not institution, give			9b. CITY, TO	WN OR LOC	ATION OF D		_,,		OUNTY OF DEATH		
DIRECTOR	Church Home Hosp			Bal	timor	e Cit	у		Ва	Baltimore City		
EC	10a. STATE 10b. COUNT	·Y		10c. CIT	Y, TOWN OR I	OCATION						10d. INSIDE CITY
Ha	MD. Anne		G	len Bu	_				LIMITS? 1 ☐ YES 2 ื NO			
FUNERAL	1309 OAKWOOD I				101. ZIP C	1061			10g. CIT	U.S.	A.	
5	11, MARITAL STATUS		T EVER IN U.S. A					NIC ORIGIN? (S		or No-	14. RACI	E Amarican Indian, k, White, etc.
B⊀	1 Never Married 2 Married 3 Wildowed 4 Divorced		MAR OR DATES				NO Specif		, 410.)		Spec	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad		16a. D	ECEDENT'S	USUAL OCCL	PATION	ndilaa	16b. KIN	ID OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5		le. Do NOT u	se retired.)	ng moot or w	unung					
MP	7	no	Lo	ong S	horema	n			Shi	р Үа	rds	
8	17. FATHER'S NAME (First, Middle, Last)					16. A	OTHER'S NA	ME (First, Midd	le, Maiden	Surname)		
BE	Adam L. Arbogast					Lo	ra l	K. Va	ance			
2	19a. INFORMANT'S NAME (Type/Print)		100					Route Number, (
-	Olive N. Arbogas	t						en Bur	4		-	
	20a METHOD OF DISPOSITION 1 → Burlal 2 + Cremation 3 □ Ran	noval from State	other	place)	SITION (Name	,					-	own, State
	4 Donation 5 Other (Specify)		_ Arbo	ogast					E1k	ins,	Wes	t VA.
	21. SIGNATURE OF FUNERAL SERVICE L	9/ 1	/				DRESS OF FA	Si	_			cal Home
	23. PART I. Enter the diseases, or	complications th	et accord that	leath Da	1 S	econd	Ave.	S.W.	Glen	Burr	nie,	MD. 21061 Approximata
	shock, or heart failure	List only one ce	use on each iir	16.	not enter th	e mode or	dynng, suc	III aa cerdiac	Of reap	ratory si	reat,	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	50	1000	EN	D	EA	T 6	(
	resulting in death)	DUE TO	100 40 4 00MG	EQUENCE C	· ·							1
z	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): VIZ. WT. RICULA											
E	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONS	EOUENCE O	F)/	13 N	TOI	(11)	Л			
S	ceuse. Enter UNDERLYING CAUSE (Disease or injury	G				2/	1001	C. U Z	P			
CERTIFICATION	that initiated events resulting in death) LAST	d DOE 10	OR AS A CONS	EOUENCE C	PF):	K	ARR	447	H	MI	4	
2	PART II. Other aignificent condition	no contribution to	adouble had not		In the cont	akila a kaii		David Law			1	
EDICAL		_		_			•		PERFOR	AUTOPSY RMED?	248	AWAILABLE PRIOR TO COMPLETION OF CAUSE
ŏ	ARTBA	10 >	-600	0)	(3)	7		11	YES 2	□ NO		OF DEATH?
≥	STROK		19 1/2/	4 17	7 /-	AIC	UR	K				1 YES 2 NO
ä	CA.	Colon										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		• 🗆	OTHER:			heck only one)	-5-5-			
14S	1 YES 2 NO	1 Inpatient 2		3 LI DOA		Home 5 L		8 Other (S)		N ILIBY O	CHRED	
	1 Natural 5 Pending		Day, Year)		JURY	WORK?		200. 020011	DE (1011)		JOUNED	
B	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE	OF INJURY — At I	home, farm,	street, factory	, offica		26I. LOCATIO	ON (Street	and Numbe	or or Rural	Route Number,
COMPLETED	4 Homicide 6 Could not be detarmined	building	i, atc. (Specify)					City or To	own, State))		
7	29a. CERTIFIER (Check only 1 CERTIFYING PHY	SICIAN: To the best of	ol my knowledge,	death occur	red at the time	, data and p	lace, and du	n to the cause(e) and me	nner aa et	nted.	
M	neo!											e) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFI	ER				290	LICENSE NU	MRER		29d DA	TE SIGNEI	D (Month, Day, Year)
BE	AR. A	275	n' n	20		1	17	325	2	> 4	5/5	25/90
2	30. NAME AND ADDRESS OF PERSON W				e, Print) IU	0 N.	BROZ	ADWAY	BAL	TIM	ORE,	MD. 21231
		NAZEMI,									,	
		SUL BELLEVISTA)							-	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pre-	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the 1	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	4	PRODUKA PRODUKA	133100	8 - 844	5 W 01 0110 02			
1 - STATE OF N	IARYLAND / DEPARTM CERTIFIC	0 = 01/31	MENTAL HYGIENE	V	0 14580			
1. DECEDENT'S NAME (First, Middle, Last) NAJIBAH	D AR	TEEN	2. DATE OF DEATH DAY	90	3. TIME OF DEATH A			
4. SOCIAL SECURITY NUMBER 288 - 58 - 52 09 1 1 M 2 RF		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-10-06	(Month, Day, Year) Country)				
96. SACILITY NAME (II not institution, give street end number) HOMCWOOD HOSPI-FAI CE RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Maryland Anne Arundel	nter South	Baltimore	1.0	9c. COUNTY DF	DEATH			
100. STATE 100. COUNTY Maryland Anne Arundel	10c. CITY, TO	own or Location Severna Park			10d. INSIDE CITY LIMITS? 1 YES 23 NO			
10s. STREET AND NUMBER 203 Benfield Rd. 11. MARITAL STATUS 12. WAS DECEDEN FORCES? 1		101. ZIP CODE 2114	6	10g. CITIZEN OF	WHAT COUNTRY?			
11. MARITAL STATUS 12. WAS DECEDEN	T EVER IN U.S. ARMED TYPES 2 THE	13. WAS DECENDENT DF HISPA If yee, specify Cuben, Maxic: 1 YES 2 Ng Specif	NIC DRIGIN? (Specify Yea in, Puerto Rican, etc.)	or No — 14. RA Bis	CE — American Indian, lick, White, etc. sc/ly: White			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 or 12 or 12 or 13 or 14 or 15 or 15 or 14 or 15 or 1	tile De MDT use mi	done during most of working ired.)	166. KINO OF BUS					
17. FATHER'S NAME (First, Middle, Last) David Hattab			ME (First, Middle, Malden s	Surname)				
190. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Rural	Route Number, City or Town					
Percy A. Arteen 20s. METHOD OF DISPOSITION 1 TR Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	20b. PLACE OF DISPOSITIO	enfield Rd. Se N (Name of cometary, crematory or Od Cemetery 22. NAME AND ACCRESS OF F. LASSAHN Funer	20c. LOC Balt	ATION — City or				
I resulting in death)	EUMON (DR AS A CONSEQUENCE DF):	H	h se cardiec or respli		Approximete interval Betwee Onset and Deat			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	(OR AS A CONSEDUENCE OF): (DR AS A CONSEDUENCE OF):	MSRE						
PART II. Other significent conditions contributing to	deeth but not resulting in t	he underlying cause given in	Part I. 24a. WAS AN PERFOR	MED?	46. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
	☐ ER/Outpatient 3 ☐ DOA 4 (26. PLACE DF DEATH (C THER: Nursing Home 6 - Residence	6 Cher (Specify)					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND Thipstlent 2 ER/Outpstlent 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify) 27. MANNER DF OEATH 1 Netural 5 Pending Investigation 2 Accident 3 DOA Accident 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY At home, farm, street, factory, office 29f. LOCATION (Street and Number or Rural F Chy or Town, State) 29e. CERTIFIER (Check only 0 OTHER: 1 Netural 5 Pending Investigation 28e. PLACE OF INJURY At home, farm, street, factory, office 29f. LOCATION (Street and Number or Rural F Chy or Town, State) 29e. CERTIFIER (Check only 0 OTHER: 1 Netural 5 Pending Investigation 28e. PLACE OF INJURY At home, farm, street, factory, office 29f. LOCATION (Street and Number or Rural F Chy or Town, State) 29e. CERTIFIER (Check only 0 OTHER: 20f. Number OF DEATH (Check only one) 20f. LOCATION (Street and Number or Rural F Chy or Town, State) 29f. LOCATION (Street and Number or Rural F Chy or Town, State) 29f. LOCATION (Street and Number or Rural F Chy or Town, State)								
4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER; On the basis of a					e(a) and manner ee stated.			
296. SIGNATURE AND TITLE OF CERTIFIER Shubacked Cu	Joreta, u	(M) 39c. LICENSE NL			ED (Morth, Day, Year)			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	SE OF DEATH (ITEM 27) (Type, Pri	Hom ENDO)	HOSPITAL	CEN				
NAY 2 9 1990 Sinke Savida	AR'S SIGNATURE			BACT	MORE, MI			

32. REGISTRAR'S SIGNATURE
Sinke Newidon-Random

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENI REG. NO.	E					
	1. DECEDENT'S NAMF (First Middle 1	NUSE 5. SEX 8. AGE 1 □ M 2 QF 6	ANDE (In yrs. lest birthday) H YRS.	RSO/	IF UNDER 24 HRS. HOURS MIN.	2. DATE OF DEATH MONTH DA) 990 8. BI					
HO.	9a. FACILITY NAME (If not institution, give si	1 1 1 1 1 1 1 1 1 1										
DIREC	10e. STATE 10b. COUNTY	r	10c. CITY	BALT	ON			10d. INSIGE CITY LIMITS? 1 YES 2 NO				
BY FUNERAL DIRECTOR	10e. STREET AND NUMBER 5313 FD170 11. MARITAL STATUS	101. ZIP CODE 109. CITIZEN OF WHAT OF THE PROPERTY OF THE PROPERTY OF NO. 14. RACE — AM										
_	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 [] YES IF YES, GIVE WAR OR D	ATES	1 🗆 YES	2 NO Specify		s	Specify:				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S I (Give kind of w life. Do NOT usu	ork done durina ma	N st of working	166. KIND OF BUS	MESS/INDUSTR	γ				
	17. FATHER'S NAME (First, Middle, Last)	1:11	100 3000	. *************************************	16. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)					
ᇤ	19a. INFORMANT'S NAME (Type/Print)	10312	19b. MAILING	ADDRESS (Street a	nd Number or Rural F	Route Number, City or Town	n, State, Zip Code	a)				
2	MARGUERITE	CUSACK	764	SANYI	ER CT	TOWS	ONA	4D 21704				
	20g. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		b. PLACE OF DISPOS other place)	ITION (Name of cen	netery, crematory or	MEM TO	CATION — City o	or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LIC	SENSEE 111 Of FX		22. NAME AN	ADDRESS OF FA	DEAN EDWA	RD J	WEBER				
	23. PART I. Enter the diseases, or			ot antar tha mo	da of dylng, suc	h aa cardiac or reapi	ratory arrest,	Approximata				
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		atu Br		Ca			Interval Between Onset and Death				
RIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	resulting in death) LAST											
PHYSICIAN: MEDICAL	PART ii. Other significant condition	is contributing to death	but not resulting I	n tha undarlyin	g cause given in	Part I. 24a. WAS AN PERFOR	IMED?	24b, WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	2			ACE OF DEATH (Ch	eck only one)						
25	1 TES 2 NO	HOSPITAL: 1 Impatient 2 ER/Out	Ipatient 3 DOA	OTHER: 4 - Nursing Hom	e 5 🗆 Residence	6 Dther (Specify)						
ву рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		URY WO	URY AT PK? /ES 2 NO	26d. OEŞCRIBE HOW I	NJURY OCCURE	0				
	3 Suicide 6 Could not be determined	26e. PLACE OF INJUR building, etc. (Spo	Y — At home, farm, a sectly) Hary		•	281. LOCATION (Street City or Town, State)	and Number or Ru	Sruge MO				
COMPLETED	one) 2 MEDICAL EXAMINI	ICIAN: To the best of my knor ER: On the basis of examination	-					use(a) and menner as stated.				
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	Wina Angera	Mar	17	29c. LICENSE NUI		N 2	INED (Morth, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WE ANGLED J. TANON	10 COMPLETEO CAUSE OF D	EATH (ITEM 27) (Type	elon ar	Below	MD 21	24					
	31. DATE FILED (Month, Day, Year) MAY 2 9 1990 July	32. REGISTRADIG SIG	NATURE									

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) Frank E, Buck	1		2. DATE OF DEATH	1990	3. TIME OF OEATH 8:20 A M						
	219-12-5837 1XM20F	A (Manth Day Very) Country)										
TOR	Washington County Hospital Hogerstown Washington, RESIDENCE OF DECEDENT											
DIRECTOR	Md 106. COUNTY Washington											
FUNERAL	112 Trotter Dr.		101. ZIP CODE 31740		U.S. A							
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER TORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexical 1 YES 2 NO Specify	n, Puerto Rican, etc.)	No— 14. RACE Black, Spec/fj	- American Indian, White, etc.						
	15. DECEDENT'S EQUICATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working											
15. DECEDENT'S EQUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) TORRANCE 16a. DECEDENT'S USUAL OCCUPATION (Give kind of the work done during most of working life. De NOT use referred.) TISSURGAC — MODUMEN 17. FATHER'S NAME (First, Middle, Last) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of working life. Do NOT use referred.) TISSURGAC — MODUMEN 18. MOTHER'S NAME (First, Middle, Maiden Surmame)												
	17. FATHER'S NAME (First, Middle, Last)		11.1	ME (First, Middle, Maiden Su	rname)							
BE	Frank Edward Buck, Sr.	19h MAILING AD	Grace ORESS (Street and Number or Rural F	E. Strine	State Zin Code)							
임	Mrs. E. Helen Buck		tter Dr. Hager		21740							
20a. METHOD OF DISPOSITION 1 \(\overline{\text{Specify}} \) = Cremetton 3 \(\overline{\text{Ramoval from State}} \) 20b. PLACE OF DISPOSITION (Name of correctory, cremetory or other place) 20c. LOCATION — City or Town, State other place) 20c. LOCATION — City or Town, State other place) 20c. LOCATION — City or Town, State other place) 20c. LOCATION — City or Town, State other place) 20c. LOCATION — City or Town, State other place)												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown MD 2											
CERTIFICATION	23. PART I. Enter the diseases, or complications that leused the death. Do not enter the mode of dying, such ee cerdiec or respiratory errest, shock, or heart feilure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) a. ACTE MYDCA ded Infartien DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other significent conditions contributing to death	but not resulting in t	the underlying cause given in	Part I. 24s. WAS AN AL PERFORM		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO						
MEDICAL				1 YES 2	(Î NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Near) 28. TIME OF INJURY AT WORK?												
										ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME C
- 1	Z	Y — At home, farm, stre	et, factory, office	28f. LOCATION (Street and City or Town, State)	LOCATION (Street and Number or Rural Route Number, City or Town, State)							
Significant Section of the determined building, atc. (Specify) 29a. CERTIFFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dash occurred at the time, data and place, and due to the cause(a) and manner as stated.												
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)												
10 8	Vr. Yardani M.O.		0370	46	▶ 5/26	190						
	Farshad Yazdani Jobo 4	EATH (ITEM 27) (Type, Pr	- Dr. Hagers	046 own, Mc	21740							
	31. DATE FLED (Manin Ding 1990) July 32 HESPERIAN'S SHO	NATURE										

DALLIMORE, MARTLAND	24 nours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detache on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, T.O. BOX 13149,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+ nouns after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF M	IARYLAND / DE CER			OF DE			NTAL HYGI REG.			
10	1. DECEDENT'S NAME (First, Middle, Last)	ZL R	BRO	w	ป			2	MONTH	2 G	YEAR 90	3. TIME OF DEATH
		5. SEX 1 M 2 F	6. AGE (In yrs. last birt	thday)	IF UNDER 1	YEAR IF U	IDER 24 H	UN	DATE OF BIRTH (Month, Day, Yes	r)	8. BIRTH	PLACE (State or Foreign y)
	213 10 1048 9a. FACILITY NAME (If not institution, give stre		70		9b. CITY,	TOWN OR LO	ATION C		SEPT. 2		INTY OF D	INGTON, D.C.
тон	ST. AGNES HOSP	ITAL			BA	LTIMOR	E					
DIRECTOR	10s. STATE 10b. COUNTY MARY LAND BAL'	TIMORE			NSVI	LOCATION		•				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	THORE		AIC	MOVI	101. ZIP C	ODE		:	10g. CI	FIZEN OF W	1 ☐ YES 2 📜 NO /HAT COUNTRY?
FUNERAL	815 WINTERS LANE						1228		-		S. C	
ВУ	3 Wildowed 4 Divorced WW II 4/24/45-10/16/45 1 □ YES 2 NO										14. RACE Black Speci	E — American Indian, t, White, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+	,	ind of w NOT us	USUAL OCT vork done du e retired.)	ring most of w	orking			BUSINESS/IN		(SP. POINT)
BE COM	17. FATHER'S NAME (First, Middle, Last) ROBERT BROWN, JR.	•	BK	ICK	LIKTE	18. A			(First, Middle, Ma	iden Surname)	IEEL	(SP. POINT)
10	194. INFORMANT'S NAME (Type/Print) MRS. DOROTHY ROSS					Street and Nur			TEMPLE			20784
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ral from State	20b. PLACE OF I					y or	200	LOCATION -	City or To	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE 0/		ME	22. N	AME AND ADI	RESS O	OF FACILI	ITY			BALTO. CO
	- Lewes		ynn		45	17 PAR	K HE	EIGH	TS AVE.	BAL	TIMOR	15-6393 E,MARYLAND
	23. PART I. Enter the diseases, or co shock, or heart failure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one caus	caused the deeth, se on each line.	a	e,				a cardiac or n	espiratory a	rrest,	Approximate Interval Between Onset and Death
NOI	Sequentially list conditions, ff any, leading to immediate b. Due to (or as a consequence of):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE	NCE OF	OF):							
	d.				All reserves							
ICAL	PART II. Other algnificant conditions	contributing to	Death but not resu	iting i	n the und	erlying cau	ie givei	n In Pai	PER	FORMED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
V: MED									-	2 Elino		OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE C	F DEATH	H (Check	only one)			
PHYSICIAN:	1 U YES 2 NO 27. MANNER OF DEATH	28s. DATE OF I		AOC IMIT .dl	E OF 2	8c. INJURY A WORK?			Other (Specify)	W INJURY O	CUREO	
B	1 Natural 5 Pending 2 Accident Investigation				M	1 YES	2 NO	\rightarrow	M I COLTION (C.			
ETED	3 Suicide 8 Could not be determined 3 Suicide 8 Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 286. LOCATION (Street and Number or Rural Route Number, City or Town, State)									oute Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEGICAL EXAMINER:) and manner as stated.
8	296. SIGNATURE AND TITLE OF GERTIFIER	Ysu	Wm),	r	ACG	29c.	25	NUMBE	76	29d. DA	TE SIGNED	(Morsh, Dey, Year)
5	30. NAME AND ADDRESS OF PERSON WHO Z A141D W. B									CRIDG	E	MD 21227
	MAY 29 1990 Juli	32 REGISTRAN	US SIGNATURE								-	
	- 9								_			DHMH-16 Rev 1/89

FOR

BALTIMORE, MARYLAND	after death, Page 6 may be retained by the hosp	by the funeral director, page 5 should be detached moval.	ical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death, Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY			F HEALTH AND OF DEATH	MENTA	L HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				J. DE/(11)	2. DATE	OF DEATH		3. TIME OF DEATH		
	James	Por				MONT	H DAY	YEAR			
	4. SOCIAL SECURITY NUMBER	BOY 5. SEX 6. AGE		T			25/90 of BIRTH		M		
			(In yrs. last birthday)	MONTHS D	EAR IF UNDER 24 HRS.	(Month	h, Day, Year)	8. BIRT	THPLACE (State or Foreign stry)		
	244 36 3255	XX ^{M 2 □ F} 59	THS.				24/31		NC.		
_	9e. FACILITY NAME (If not institution, give st			96. CITY, TO	WN OR LOCATION OF	DEATH		9c. COUNTY OF	DEATH		
Ö	1055 Stoll Place	ce		E	Balto.						
ត្ត	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	10c CT	TY, TOWN OR L	OCATION				10d. INSIDE CITY		
DIRECTOR	Md.			Balti					LIMITS?		
	10e. STREET AND NUMBER				10f. ZIP CODE			44. 0.7.7.7.4	1 YES NO		
FUNERAL	Control of the state of the sta				1.0				WHAT COUNTRY?		
빌	1055 Stoll Plac				2122			_	.S.A.		
3	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		DECENDENT OF HISP s, specify Cuben, Mexi			r No- 14. RAC Black	CE — American Indian, ck, White, etc.		
BY											
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	Neural coor	DATION	400	KIND OF BUOK	'	24402		
COMPLETED	(Specify only highest grade	completed)	(Give kind of	work done duri	ng most of working	100	. KIND OF BUSII	NESS/INDUSTRY			
ا ڌ	Elementary/Secondary (0-12)	College (1-4 or 5+)			. Operat	-070	D-140	Car	c Floo		
Ž	17. FATHER'S NAME (First, Middle, Last)		neavy	Equip			Middle, Maiden St		α FIEC		
		5						umeme)			
BE	Tom	Boyce			Ethe		lunter				
2	19a. INFORMANT'S NAME (Type/Print)	_		A TO SECULIA SEC	reet and Number or Run						
	Mrs. Julia Boyd				1 Place						
	20a METHOD OF DISPOSITION F Burlel 2 Cremetion 3 Rem	oval from State	other place)		of cometery, crematory of			ATION — City or 1			
	■ Donation 5 □ Other (Specify)		King		ial Par	-		lto.,	Ma.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Jan	ME AND ADDRESS OF	racility orton	a & So	ns			
	James a	. //wit	en		1 Laurer				d. 21217		
	23/PART I. Enter the diseases, or o	complications that cause	ed the death. Do	not enter the	mode of dying, se	uch as cere	diac or reapire	atory arrest,	Approximete		
	ehock, or heert fellure.	Liet only one ceuse on	each lina.						Interval Between Onset and Death		
	iMMEDIATE CAUSE (Finel disease or condition	CARDIO P	MANNE	2011	AND FOT						
ı	reaulting in death)		A CONSEDUENCE		Diclera						
_		MEHASTI	ATIC PA	NEI	OK The	Ohr	LOVALV		12-1980		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (DR AS	A CONSEDUENCE	OF):		1.0	Tiodle		12.1.09		
YA!	cause. Enter UNDERLYING	C. HIPER C	ALCER	A	2° AD C	ANCI	en		14-1990		
Ĕ	CAUSE (Diseese or Injury that initiated evente	BUE TO (OR AS	A CONSEQUENCE	OF):	,,,,,						
F	resulting in death) LAST	d									
CAL	PART II. Other algnificent condition	a contributing to death	but not resulting	in the unde	rlying ceuse given	in Part i.	24a. WAS AN A		Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
							1 YES 2	□ NO	OF DEATH?		
ME									1 YES 2 NO		
PHYSICIAN: MEDI											
¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			_	28. PLACE OF DEATH (Check only or	ne)				
SIC	1 YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ER/Ou	itpetient 3 🗆 DOA	OTHER:	Home 5 Residence	e 8 🗆 Othe	er (Specify)				
٤	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF 28	c. INJURY AT WORK?	28d. DE	ŞCRIBE HOW IN.	JURY OCCURED			
ВУ	1 Natural 5 Pending 2 Accident Investigation	(Morati, Day, Ibar)			YES 2 NO	1 1					
	3 Suicide 8 Could not be	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm,	street, factory,	office			d Number or Rural	l Route Number,		
	4 Homicide determined	and ing , etc. (op		-		City	or Town, State)				
COMPLETED	29e. CERTIFYING PHYSI	CtAN: To the best of my kno	wiedge, death occur	red at the time	data and place, and d	kie to the car	use/s) and mann	or as stated			
M	const.	R: On the besie of examinet							(e) end manner as stated.		
	296. BREMATURE AND TITLE OF CERTIFIE										
BE	Via Ab	dans. r	17		29c. LICENSE N	7 / D		LAG. DATE SIGNE	D (Month, Day, Year)		
2	30 HAME AND ADDRESS OF PERSON WH	D COMPLET O CAUSE OF I	EATH STEM OF CE-	e Print)	1) 58.	100		- 21.	01/25		
			Ch L	22 0-	(7) A. a.		- DINI		- 121201		
		SEPBERGY	ENATURE .	< (70	win pile	ME 7.	1. 140	illione	102121011		
	MAY 2 9 1990	Like Davidson	INATURE		U						
	N J 1330	Three mandagon	Name of the last								

the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death, Page 6 may be retained by the hospital or attending physician. filled in by completely executed within and attending physician certificate be requires that the death signed by the atter Health and Mental t. of h THE HOSPITAL OR ATTENDING PHYSICIAN: The law THE FUNERAL DIRECTOR: After this certificate has br filed within 72 hours after death with the State Dept. IPORTANT: If Item 28 is marked, or Item 23 s DIVISION

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cremation,

burial,

Hygiene prior to

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR RITA M. BARRY CERTIFICATE OF DEATH 9U 5/2// 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR RITA BARRY 1450 27 05 90 A SOCIAL SECURITY NUMBER 5. SEX B. AGE (In yrs last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH A. BIRTHPLACE (State or Foreign 217-40-3734 01-05-18 MARYLAND 1 - M 2 X F MONTHS DAYS HOURS 72 YRS 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH ST. AGNES HOSPITAL BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY
LIMITS?
1 X VES 2 NO 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNT MARYLAND BALTIMORE FUNERAL 10e. STREET AND NUMBER 101, ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 110 S. WICKHAM ROAD U.S.A. 21229 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES XX NO Specify: 1 Never Merried 2 Merried BY WHITE 3XXWidowed 4 Divorced ETED. 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) COMPL SECRETARY TURNBULL ENTERPRISES 12th notified at once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surneme) EDWARD PLUNKETT 8 ELIZABETH BRIAN 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 PATRICK D. BARRY 6228 ETHEL AVENUE BALTIMORE. MD 21228 pe 20e. METHOD OF DISPOSITION
1 □ Burlel 2 Å Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State must 4 Oonetion 5 Other (Specify) METRO CREMATORY CATONSVILLE. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOME 1630 EDMONDSON AVE, CATONSVILLE, MD 21228 usseed medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate shock, or heert failure. List only one ceuse on each line interval Between Onset and Death IMMEDIATE CAUSE (Finel the disesse or condition OUE TO (OR AS A CONSEQUENCE OF): event, resulting in desth) Hepatic Exceptialopathy traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if sny, leeding to immadleta Hecholic csuse. Entar UNDERLYING other t CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST paulen 6 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Reeldence 6 - Other (Specify) 27. MANNER OF DEATH 26e. OATE OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 6 Could not be determined COMPLETED 4 🗌 Homicide 29e. CERTIFIER

Chack pake 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the films, date end place, end due to the cause(s) and manner ee stated. (Check only one) IMPORTANT: If 2 [MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Am Tabakian, m.D 190 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D. St. ABNES HOSP., 900 CATON AVE. 4m Tabakean 31. DATE FILED (Month, Day, Year) 201990

Julie Builon British

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It less 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART		O		MENTA	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lest) BEULAH		V	<u> </u>	0. 52.		2. DATE MONT	OF DEATH	199	EAR	TIME OF DEATH	
4. SOCIAL SECURITY NUMBER		In yrs. last birthday)	IF UNDER 1	YEAR IF UNI	DER 24 HRS.	7. DATE	OF BIRTH	6.	BIRTHPLA	CE (State or Foreign	
215-24-6259	1 🗆 M 2 💢 F	77 YRS.	MONTHS	DAYS HOUR	B MIN.		n, Day, Year) /26/191		Country) MARY	ΙΔΝΠ	
9a. FACILITY NAME (If not Institution, give	street and number)		9b. CITY,	TOWN OR LOCA	ATION OF DE		720715	9c. COUNTY OF DEATH			
GREATER BALTIMOR	E MEDICAL CEN	NTER	TOW	SON				BALI	IMOR	Ε	
10a. STATE 10b. COUNT	ry	10c. CITY	TOWN OF	LOCATION					100	I. INSIDE CITY LIMITS?	
MARYLAND		BA	LTIM	7						YES 2 NO	
10e. STREET AND NUMBER				10f. ZIP C			- 1	10g. CITIZE	OF WHA	COUNTRY?	
1219 WEST LAKE A					210				USA		
11. MARITAL STATUS I Never Merried 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES			AS DECENDEN yes, specify Cu			l? (Specify Yea : Rican, atc.)	or No- 14	. RACE Black, W	American Indian, hita, atc.	
3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D	ATES 11	1	☐ YES 2 X	IO Specify	:			Specify:	ETE	
15. DECEDENT'S ED		16a. DECEDENT'S	USUAL OC	CUPATION		160	. KIND OF BUSI	NESS/INDUS		LID	
(Specify only highest grad Elementary/Secondary (0-12)	le completed) College (1-4 or 5+)	(Give kind of w life. Do NOT use	ork done di retired.)	uring most of wo	rking						
8TH		RESEA	RCH				CATAYLI	ST RE	SEAR	CH	
7. FATHER'S NAME (First, Middle, Last)				18. M			Middle, Meiden S				
WILLIAM ACKHUR	ST				FLO	RENC	E SPARV	IASSER			
19e. INFORMANT'S NAME (Type/Print)							ber, City or Town				
LILLIAN PETTY		29 N	• KR	ESSON	ST., I	BALT	IMORE,	MD. 2	1224		
20e. METHOD OF DISPOSITION		other place)						ATION — CIN			
Donation 6 Dother (Specify)		DRUID RI	-				BAI	TIMOR	E, M	ARYLAND	
21. SIGNATURE OF FUNERAL SERVICE L		7	22. N	A AT	AN CE	CILITY TTZ	JR. FU	INERAL	HOM	E	
1 a. allan	a Seity.	1		3818	ROLAN	D AV	ENUE, I	BALTO.	, MD	. 21211	
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. BRAINS DUE TO (OR AS CEREBRO	RESPIRATO A CONSEQUENCE OF IEM INFAR A CONSEQUENCE OF DVASCULAR A CONSEQUENCE OF	CTIO	N WITH	COMPI	RESS	ION			Onset and Death	
resulting in death) LAST	4										
PART II. Other significant condition	ona contributing to deeth I	out not reaulting I	n tha und	darlying cous	se given in	Part i.	24a. WAS AN PERFOR	MED?	CC	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			-	26. PLACE O	F DEATH (Ch	eck only o	ne)				
EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER								
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	E OF	28c. INJURY A			SCRIBE HOW I	JURY OCCU	RED		
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY M	WORK?	2 NO						
3 Suicide 6 Could not b	28e. PLACE OF INJUR	Y — At home, ferm, e	street, fecto	ory, office			CATION (Street a	nd Number or	Rural Rou	e Number,	
4 Homicide determined	banarity, atta (opt	//									
(Check only	SICIAN: To the bast of my know									nd menner as stated,	
296, SIGNATURE AND TITLE OF CERTIFI	The Charles - Carl - Cress			1122 1120	LICENSE NUI					onth, Day, Year)	
	Kravashy				347			▶ 5/	_ 1	j ·	
30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE OF D	EAH (ITEM 27) (Type,	Print)								
ASHISH KUMAR CH	AKRAVARTHY M	I.D., G.B	.M.C.	., 670	1 N. C	CHARI	ES ST.	,BALT	0.,M	0.21204	
31. DATE FILED (Month, On Year)	32. REGISTRAR'S SIG	NATURE									

ages 1, 2, 3 should

29b, 5101

31. DATE FILED (Nor

32. REGISTRAR'S SIGNATURE

BE

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pital or attending physician.	d for use as the burial-transit permit. F		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
e executed within 24 hours after dea	an and completely filled in by the fu	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	umatic event, the medical exa
requires that the death certificate b	been signed by the attending physicia	. of Health and Mental Hygiene prior	shows any injury, or other tra
ATTENDING PHYSICIAN: The law	ECTOR: After this certificate has b	s after death with the State Dept.	1 28 Is marked, or item 23
TO THE HOSPITAL OR	TO THE FUNERAL DIR.	be filed within 72 hour	IMPORTANT: If iten

90 14587 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Helen E. Cellucci May 27, 1990 2:30 A 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 🗌 M 2 🔀 F YRS. 9-26-1917 212-16-8415 Balto.Md. 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4943 Sinclair Lane Baltimore, Md. RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 X YES 2 | NO Md Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4943 Sinclair Lane 21206 U.S.A. 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No—
It yes, specify Cuben, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Bleck, White, atc. FORCES? 1 YES 2 2. NO 1 Never Married 2 Married 1 TYES 2 NO Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. OFCEDENT'S EDUCATION 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16h KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) home 12th homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Margherita Valenti Alfonso Ferragamo BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 2 Cecil A. Cellucci 4943 Sinclair Lane. Baltimore, Md 21206 20a. METHOD OF DISPOSITION

| Burlai 2 | Cremation 3 | Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Garrison Forest VeTeran Cem. Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph N. Zannino Funeral Home yosexle 71. Lunes 263 Conkling Street 23. Mir I. Efter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximete shock, or heart fellure. List only one cause on each lins. Interval Between Onset and Death IMMEDIATE CAUSE (Finei disesse or condition neumonia resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): REZURRENT Hom. CERTIFICATION Sequentielly list conditione, DUE O (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events reculting in desth) LAST PART II. Other significent conditions contributing to death but not reculting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 OF DEATH? 1 TES 2 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH Check only one) HOSPITAL OTHER 1 TYES 3 NO nt 2 - ER/Outpatient 3 - DOA 8 Other (Specify) 4 - Nursi 27. MANNEB OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide ED 8 Could not be 4 Homicide determined COMPLET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and place, and due to the cause(s) and manner as atsted. 2 MEDICAL EXAMINER: On the basia of exemination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and menner as stated.

29c. LICENSE NUMBER

MD

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the bospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL	HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest)	vinaton		•		2. DATE O		90	AR	30 A M	
R	4. SOCIAL SECURITY NUMBER 212-07-6926 90. FACILITY NAME (If not institution, give st Manager Care	5. SEX 6. AGE (In	yrs. lest birthdey) YRS.	-	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	5-0	Dep. Year)		OF DEATH	Istate or Foreign	
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	ENCE OF DECEDENT								NSIDE CITY	
	MD Ba	ltimore		1 VES 2 □ NO							
FUNERAL	8011 Te	imple A	Ave 21234						8. A.		
8	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 🖾 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spe	ENDENT OF NISPAN helfly Cuben, Mexical 2 NO Specify	n, Puerto Ri		or No 14.	Black, White Specify:	nericen Indien, e, atc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION Work done during mode retired.)	N at of working	16b.		INESS/INDUST			
MPL	9th grade	30,000	Foren	an				rows I	Point		
	17. FATHER'S NAME (First, Middle, Last) Carl Covington				18. MOTHER'S NA Effic	4		Surname)			
TO BE	19e. INFORMANT'S NAME (Type/Print)	1.2 4			nd Number or Rural F						
	Mrs. Nancy L. F	20b.	PLACE OF DISPOS	11 Temp1	e Ave.	Balt		MD City		ete	
	1X Mariel 2 ☐ Cremetion 3 ☐ Remit 4 ☐ Donetion 5 ☐ Other (Specify)	00000000000000000000000000000000000000	other place)		Cemeter		Woo	dlawn,	MD	•	
	21. SIGNATURE OF FUNERAL SERVICE-LIC	ENDEE	(Lorin	o ADDRESS OF FA g Byers Liberty	Fune	ral Ho	me alleto	urm M	m 21133	
ATION	23. PART Entre the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between Onset and Death										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):							
PHYSICIAN: MEDICAL C	PART II. Other aignificant condition	s contributing to deeth bu	it not resulting	in the underlying	g cause given in	Part I.	24e. WAS AN PERFOR 1 YES 2	MED?	AVAIL. COMP OF DE	AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\text{\tinx{\text{\ti}\text{\texi{\text{\texi{\text{\texi\texi{\texi{\texi{\text{\texi}\text{\texit{\text{\texi{\texi{\texi{\texi	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATN (Ch	eck only on	e)				
HYSI	1 YES 2 NO	1 Inpatient 2 ER/Dyspa 28s. SATE OF INJUSTY	26b. TIN	4 Nursing Nom	ury AT			NJURY OCCUR	ED		
2 Accident Investigation M 1 YES 2 NO Investigation Investigation At home, farm, street, factory, office 28f, LOCATION (Street and Number or Bural Boute Number.											
									lumber,		
City or Town, Siste) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										manner es stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	(En Rich	wil W. I	Biltvick	29g LICENSE NUI	MBER 973		29d. DATES	WA 90	h, Dey, Yeer)	
F	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	Priph 100	Hertora	e Ra	Ba	16. 1	40:	4234	
	MAY 2.9 1990	TO SECTION AND THE SECOND	AT SAME.								

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day,

29

1990

	FOR 1 - STATE REGISTRAR		STATE OF I		D / DEPAI					MENTA	L HYGIEN	E		
	1. DECEDENT'S HAME (First,									2. DATE	OF DEATH	IY .	YEAR	3. TIME OF DEATH
			er M. Cre	emen						5	7	5 0	70	3-10 M
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs	s. leat birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.		th, Day, Year)		B. BIRTH	IPLACE (State or Fdreign
	214-05-6253		1 M 2 X F	76	O YRS.		DATE	Noona		12/14/13 West Virgin				t Virginia
	9a. FACILITY HAME (If not in	stitution, give a	treet and number)			9b. CITY,	TOWN (OR LOCATI	ON OF D	EATH		9c. 99UN	ITY OF D	EATH
6	GBMC						To	wson				DA	KT	O. County
ត្ត	RESIDENCE OF DEC	10b. COUHT	,		10c Cr	TV TOWN O	LOCA	TION					10d. IHSIDE CITY	
DIRECTOR	Maryland	72.00	ltimore		10c. CITY, TOWN OR LOCATION Cockeysville									LIMITS?
	100. STREET AND HUMBER		TTTMOTE			оскеу	-	TT6	E			100 CITI	ZEH OE V	1 TYES 2 THO
FUNERAL	10000 J. Hi		n Cinala				100			0				
N	11. MARITAL STATUS	TIGLE	12. WAS DECEDEN		ADMED	1 49 14	#C DEC		2103		N? (Specify Yea			ed States E - American Indian,
	1 Hever Merried 2	Married	FORCES? 1	YES 2	™ NO	.10	yes, sp	ecity Cuba	ın, Mexica	en, Puerto	Rican, etc.)	or no.	Blac	k, White, etc.
B	3XXWidowed 4 Divo	rced	IF YES, GIVE Y	MAR OR DATES	•	'	YES	2 💢 NO	Specif	ly:			Spec	White
		EDEHT'S EDU		164	DECEDENT	S USUAL OC	CUPATR	ОН		16	b. KIHD OF BUS	SIHESS/IHD	USTRY	
	Elamentary/Secondary (I	y highest grade 3-12)	College (1-4 or 5	+)	life. Do NOT	work done due retired.)	uring mo	ast of worki	ng					
4	13 years			´	Mo	ther-	Home	emake	er					
COMPLETED	17. FATHER'S HAME (First, M	liddie, Last)	-					18. MOT	HER'S NA	AME (First,	Middle, Malden	Sumame)		
Patrick Tierney Nora Murphy														
	19a. IHFORMANT'S HAME (1				19b. MAILIN	G ADDRESS	(Street a	and Numbe	r or Rural	Route Nun	nber, City or Tow	n, State, Zip	Code)	
٩	Katherine	A. Cre	men		16	Nigh	ting	gale	Way	Lutherville, MD 21093				
	20a. METHOD OF DISPOSIT 1 □ Burial 2 □ Crematic		ovel from State	20b. PL	ACE OF DISPO						20c. LO	CATION —	City or To	own, State
	4 Dometion 5 D Other	(Specify)			D:	ruid l	Rida	ge Ce	emete	ery	Pil	kesvi	11e,	MD
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CEHSEE	1		22. 1	AME A	ND ADDRE	SS OF FA	ACILITY	neral H	Iomo		
- 3		m	1h	(a	4-								stow	m, MD 21133
	23. PART I. Enter the d	Iseasea, or	complications the	et caused th	e deeth. Do		_							Approximate
	ahock, or heart fellure. List only one ceuse on each line.													
	IMMEDIATE CAUSE (Final) disease or condition													
	a. H. T. A. C. C. C. C. C. C. C. C. C. C. C. C. C.													
_	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A COHSEQUENCE OF):													
S	cause. Enter UNDERLY CAUSE (Disease or Inic	ING	C											
Ē	that initiated events		DUE TO	(OR AS A CO	NSEQUENCE	OF):								
E	resulting in death) LAS	T .	d											
	PART II. Other aignifica	ent condition	ne contribution to	death but	not mauitine	in the un	dorlula	CO1100	alven la	Dart I	24s. WAS AH	ALITOREV	24	b. WERE AUTOPSY FINDINGS
CAL	The state of the s			double but	not resonting	, ,,, ,,,,	donyn	ig cadaa	givon	11.4.4014.00	PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
1 VES 2 WO OF									OF DEATH?					
Ξ														1 YES 2 NO
PHYSICIAN: MEDIC	AS WAS CLOS DESCRIPTOR	TO MEDIOM	1							<u> </u>				
C	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		LACE OF	DEATH (C	heck only	one)			
IYS	1 TYES 2 NO		1 ☑ Inpatient 2		_		_	JURY AT	Raaldence	-	her (Specify) ESCRIBE HOW		OUDED	
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b.					NJURY M	W	ORK?	□ NO	260. 0	EŞCRIBE NOW	INJUNT OC	CORED	
ВУ	2 Accident 3 Suicide	Investigation								284 1.0	281. LOCATION (Street and Number or Rural Route Number,			
Schoole 8 Could not be detarmined building, atc. (Specify)														
	29a. CERTIFIER	TIEVILLO DI IVO	101 AN T. N. L.								and who every			
COMPLETED	(Orision oriny		ICIAN: To the best of ER: On the basis of			A.								(a) and manner as stated.
8		7	7	and the second	or mirestige		p.11.011,				na enu piece, e			
BE	296. SIGHATURE AHD TITU	OF CERTIFIE	e le lu	1000	#/	(1)		29c. LIC	CENSE HU	JMBER	1	29d. DAT	E BIGNE	D (Month, Day, Year)
10	30, HAME AND ADDRESS O	E DEDCON W			dTEM 270 G	an Order)	Lb	4//	11		0	12	3/90

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32. REDISTRAB'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1		-	FOR STATE REGISTR	AF
	1.	D	ECEDENT'S	N/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest) Janice Michalina Cermak 2. DATE OF DEATH MONTH DAY VEAR 3. 1									. TIME OF DEATN					
	Janice	Cernal OS 26 90 10					10:00 A M								
1	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. lest		last birthday)						7, DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
		212-42-1053		47	YRS.	MONTHS	DAYS	HOUNS	MIPS.	8/9/1			Mary	land	
	9e. FACILITY NAME (If not institution, give street end number)					9b. CITY,	9b. CITY, TOWN OR LOCATION OF DEATN 9c. CO				9c. COU	COUNTY OF DEATN			
DIRECTOR	Harbor Hospital Center					Baltimore City N/A					A				
딥	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY				10c. CIT	CITY, TOWN OR LOCATION 10d. INSID						Dd. INSIDE CITY			
HO!	Maryland N/A			Ra	Baltimore City (Curtis Bay					LIMITS?					
	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZEN OF W			ZEN OF WH	AT COUNTRY?		
FUNERAL	1631 Ce		2122			2122	6 USA								
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X			ARMED 13. WAS DECENDENT OF HISP NO If yes, specify Cuban, Mex							14. RACE -	- American Indian, White, atc.			
BY F	1 X Never Merried 2 Merried 3 Widowed 4 Divorced IF YES, GIVE WAR OR						1 TES 2 NO Specify:				Spec				
					DECEDENT'S USUAL OCCUPATION					16b. KIND OF BUSINESS/INDUSTRY				White	
11	(Specify only	(Specify only highest grade completed)			(Give kind of work done during re illie. Do NOT use retired.)			most of working			D OF BUS	ISINESS INDUSTRI			
PL	Elementery/Secondary (0-12) College (1-4 or 5+)			''	NSA			Feder			dera	al_Government			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				11071			18. MOTHER'S NAME (First, Middle, Maid							
BE C	Joseph	Joseph Cermak				Mary Nowakowski									
TO B	19e. INFORMANT'S NAME (7				19b. MAILING	ADDRESS	(Street	and Numbe	or or Runal R	loute Number, C	ity or Town	n, State, Zij	Code)		
ř	Mrs. Mary	Cerma	k		1631	Cedo	lox	St.,	Bal	timore	, Ma	ryla	nd	21226	
	20e. METHOD OF DISPOSIT	ION in 3 □ Rem	oval from State	20b. PLAC other	ACE OF DISPOSITION (Name of cemetery, crematory or					20c, LOCATION — City or Town, State					
	4 Donation 5 Other 21. Signature OF FUNERA	. , ,,			Holy Cross Cen			netery			Bal	Baltimore, Maryland			
	21. SICHARDINE OF FUNERA	L SERVICE LIC	Key	/in E.	Ecker	Mo	CCul	1 V F	uner	al HOm	e of	Bro	ok]vn		
	Kevin E. Ecker McCully Funeral HOme of Brooklyn 237 E. Patapsco Ave., Balto., Md. 23										. 21225				
	23. PART I. Enter the d shock, or h		complications the List only one cau			not entar	ths me	ods of dy	ing, such	n ss cardisc	or respi	retory ar	rest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final											Onset and Daath			
	disease or condition s. Disseounated interfinal														
	disease or condition resulting in death) s. Dissert ated intertinal Due to (or as a consequence of): Lipo mator is and liponecrory														
MEDICAL CERTIFICATION	Sequentially list conditions, DUF TO (OR AS A CONSEQUENCE OF)												1		
CAT	if any, issding to imms cause. Entar UNDERLY	NG	C.												
Ē	CAUSE (Disease or Inju		DUE TO	(OR AS A CONS	SEQUENCE C	F):									
ER	resulting in death) LAS		d											-	
LO	PART ii. Other significa	t resulting	sulting in the underlying cause given in Pr			Part I. 24s	irt 1. 24a. WAS AN AUTOPSY			VERE AUTOPSY FINDINGS					
2	Chronic to cites								PERFORMED?				AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
NED	OF DEAT										YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		LACE OF	DEATN (Che	eck only one)					
YSI	1 TES 2 NO		1 Inpatient 2	ER/Outpetient	3 🗆 DOA	4 Nun		110 5 🗆 F	Residence	6 Other (Sp	ecify)				
PH	27. MANNER OF DEATN 1 Netural 5	28b. TH	28b. TIME OF 28c. INJURY AT WORK?			_	28d. DEŞCRIBE NOW INJURY OCCURED								
BY	2 Accident Investigation				М		YES 2	□ NO							
	3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE OF INJURY — At home, farm, building, atc. (Specify)				street, fectory, office 28f.				28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	20. CESTISES														
COMPLETED	Check only Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end menner as stated. Check only 0 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end menner as stated.														
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 297. (96 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. (96 296. LICENSE NUMBER 297. (96 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. (96 296. LICENSE NUMBER 27. (96) 27. (96)									3 7	0/0					
									(10						
									225						
	31/PATE/FILED (MONT), Day, Your) 32. REGISTRAR'S SIGNATURE 31/PATE/FILED (MONT), Day, Your) Substitution - Rendered														
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1		FOR STATE REGISTR	AR
	l. Di	ECEDENT'S	NAI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle,	Crossne	11 C.		2. DATE OF DEATH	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER		y Dri		3 24	70 7:50 M
21632 508	1 1 M 2 F		FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 4-20-37	8. BIRTHPLACE (State or Foreign Country) Marvland
9a. FACILITY NAME (If not institution	give street and number)	91	b. CITY, TOWN OR LOCATION OF		DUNTY OF DEATH
Mason FLord	bronic Hospin	tal i	sattimore	30	LHI MORE City
10a. STATE 10b. C	OUNTY	10c. CITY, T	TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
Md.	Baltimore	E) a ::	HERETH V.C.	Dundalk, Md	1 TYES 2
10a, STREET AND NUMBER			10f. ZIP CODE	10g. C	ETIZEN OF WHAT COUNTRY?
34 Broadsh	ip Rd.		21222		USA
11. MARITAL STATUS	12. WAS OECEDENT EVER FORCES? 1 ₩ YE	IN U.S. ARMED	13. WAS OECENDENT OF HISP If yes, specify Cuban, Maxi	ANIC ORIGIN? (Specify Yea or No-	14. RACE American Indian, Black, White, atc.
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF TES, GIVE WAR OR	DATES	1 TES 2 NO Spe		Specify:
*	Korean	1			White
15. DECEDENT (Specify only highes		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most of working	16b. KIND OF BUSINESS/I	NDUSTRY
Elementary/Secondery (0-12)	College (1-4 or 5+)				
12th.Grade		Stor	e Manager	Reta	
17. FATHER'S NAME (First, Middle, La	st)		16. MOTHER'S I	AME (First, Middle, Melden Surneme)
Peter	Crossi			aisy	Mayhew
19a. INFORMANT'S NAME (Type/Prin				al Route Number, City or Town, State,	
Mrs.Nadine	Crossney	34 B	roadship Rd	.Dundalk,Md.	21222
20a. METHOD OF DISPOSITION XI № Burial 2 ☐ Cremation 3	Ramoval from Stala	tob. PLACE OF DISPOSITI	ON (Name of cemetery, crematory of		— City or Town, Stata
4 Donallon 5 Other (Specify)(1 Cemetery	A.A.C	o.Md.
21, SIGNATURE OF HUNERAL SERV	CE LICENSEE	/	22. NAME AND ADDRESS OF	FACILITY	Balto.Md.21
D ///_ \	016/		MaCully F	unoral Homo	130 E.Fort Ave
23. PART I. Enter the disease	or complications that cause	ed the death. Do not			
ahock, or haart fa	llure. List only ona cause on	each lina.	anter the mode of dying, at	icii aa cerdiac or respiratory	Interval Between
IMMEDIATE CAUSE (Final disease or condition	Tulaca	100-1-1	1.1000		Onset and Death
reaulting in deeth)	. LnT19C	janiai	DEC		
	AV M	A CONSEQUENCE OF):	Lan		i
Sequentielly list conditions,	b. DUE TO (OR A)	A CONSEQUENCE OF):	00101		
if any, leading to immediata cause. Enter UNDERLYING	552 10 (511 14	A CONSEQUENCE OF J.			
CAUSE (Disease or Injury	C. DUE TO (OR A!	A CONSEQUENCE OF):			
that initieted eventa reaulting in deeth) LAST		,			
!	d				-
PART II. Other significant cor	ditions contributing to death	but not recuiting in	the underlying cause given		
PIZUTE	1150rder	Level	anemi	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
		7-1	1	1 1 163 2 10	OF DEATH? 1 YES 2 NO
				—	1 123 2 110
25. WAS CASE REFERRED TO MEDI	CAL		28. PLACE OF DEATH (Check only one)	
EXAMINER?	HOSPITAL:	0	THEM: Nursing Home 5 - Residence		
27. MANNER OF GEATH	1 Inpatient 2 ER/O			28d. DESCRIBE HOW INJURY O	OCCUPED
1 Natural 5 Pendin	(Month, Day, Year	INJUR	WORK?	284. DESCRIBE NOW INSONY	ACCORED
2 Accident Investig	ation	RY — At home, larm, stre	T TES 2 NO	201 1 00071011 (01-11-1111)	
3 Suicide 8 Could 4 Homicide determine	not be building, atc. /S/	pecify)	el, tactory, office	281. LOCATION (Street and Num City or Town, State)	Der or Hural Houte Number,
. In the second second					
	PHYSICIAN: To the best of my kn	owledga, death occurred	at the lime, data and place, and d	us to the cause(s) and manner as a	stated.
one) 2 MEDICAL E	AMINER: On the basis of axemine	tion and/or investigation,	in my opinion, death occured at I	he time, date and placa, and due to	o the cause(a) and menner as stated,
29b. SIGNATURE AND WILE OF CE	min o ()	D (1	29c. LICENSE N	UMBER 29d. D	DATE SIGNED (Morith, Day, Year)
- DOR	Kichard	Sumatt MI	0784	161	5.24.90
30. NAME AND ADDRESS OF PERS	ON, WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pr	rint)		- , , ,
1 norio 7	10chick	5200	Eastern	AND DI	:0L 112
31. DATE FILED (Month, Day, Year)	32/REGISTRANA	WOOTURE .	- (· /(/·/)	1114 56	MINION
5/24/90	1990				
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IE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s		RTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
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Page 1	'n,	9
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omple	od within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	even
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	1 - STATE REGISTRAR	STATE OF MARY			F HEALTH AND OF DEATH	MENTAL HYG				
	1. DECEDENT'S NAME (First, Middle, Last) NANCY E.	2. DATE OF DEAT MONTH	TH DAY Y	3. TIME OF DEATH						
	2/8-30-1646	5. SEX 6. AGE	54 yrs. last birthday)		AR IF UNDER 24 HRS. WS HOURS MIH.	T. DATE OF BIRTY (Mouth, Day 16 04-19	er)	BIRTHPLACE (State or Funiger Country) MD		
NO.	PENINSULA GENERA			100000000000000000000000000000000000000	WIN OR LOCATION OF D	EATH	Se. COUNTY	COMICO		
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE MD WO	rcester	10c. C/1	Berlin				10st. PASIDE CITY LIMITS?		
1,212,611	106. STREET AND NUMBER 9422 Evans Rd.	10s. STREET AND NUMBER				1	10g. CITIZES	1 ☐ YES 2 X NO N OF WHAT COUNTRY? USA		
FUNERAL	9422 EVAILS RG. 11. MARKTAL STATUS 1 Never Married 2 XMarried	12. WAS DECEDENT EVER FORCES? 1 YES	2 (Z)NO	If yo	2181 DECEMBENT OF HISPA 8, specify Cubers, Mexic	NIC ORIGINT (Speci an, Puerto Rican, et		, RACE — American Indian, Black, White, etc.		
D BY	3 Widowed 4 Diverted	IF YES, GIVE WAR OR S	16e DECEDENT'S	USUAL OCCU	YES 2 XNO Speci	11/2	F BUSINESS/INDUS	specify: White		
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind at life. Do NOT u	work done durings retired.)	Provider	1.72	alth Ind			
	17. FATHER'S NAME (First, Militale, Last) Jesse Mumford T	urner	- House			AME (From Minima M Emma Jan				
TO BE	Cindy Riner				ans Rd., B					
	29a, METHOD OF DISPOSITION 1 XX Shurlal 2 □ Cremation 3 □ Star 4 □ Donation 5 □ Other (Specify)	novel from State	to PLACE OF DISPO		of semanay cremency or reen Cemet		Berlin, Md.			
	22. NAME AND ADDRESS OF FACILITY Burbage Funeral Home 108 Williams St. Berlin, Md. 21811									
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory errest, ahook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition presulting in death) ARDIO PULMONARY ARREST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other eignificent condition	na contributing to death	but not resulting	In the under	rlying cause given in	PE	AS AN AUTOPSY ERFORMED? SES 2 MNO	24b. WERE AUTOPSY FINDINGS ANALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tnetient 3 DOA	OTHER:	26. PLACE OF DEATH (C					
	27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 28	c. INJURY AT WORK?		HOW INJURY OCCU	RED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (So	ty — At home, farm, ecity)				201. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end menner as stated.									
BE	206. SIGNATURE AND TITLE OF CERTIFIC	Dagburn	~ m	0 .,	29c. LICENSE NU D34593	MBER	29d. DATE S	5/24/90		
10	30. NAME AND ADDRESS OF PERSON W Nicholas L. O	HO COMPLÉTED CAUSE OF D Bburn, M.D.			uff Rd.,	Salisbur	y, Md.	21801		
	31. DATE FILED (Month, Day, Year) MAY 2. 9 16 26	32. REGISTRAR'S SIG		,						

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re	MEDORTANT History 28 is marked or Hem 23 shows any injury, or other traumatic event, the med
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		FOR 1 - STATE REGISTRAR	STATE OF M	ARYL	AND /	DEPAR	TMENT O	F HEALTH	AND N	MENTAL	HYGIEN	E			
Γ		1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	NY .	YEAR	3. TI	ME OF OEATH
9)	Glen		D			Christ				3-90				0:40AM M
/		572-38-8598	S. SEX	62 62	'in yrs. les	t birthday) YRS.		YS HOURS	MIN.		27, 19		Count	[(יני	E (State or Foreign OWA
	TOR	90. FACILITY NAME (If not institution, give street Route 23 (Southbook RESIDENCE OF DECEDENT						WN OR LOCATIO		EATH			forc		ounty
	DIRECTOR	10e. STATE 10b. COUNTY	Harford			10c, CIT	Y, TOWN OR L		ores	t Hi	11				INSIDE CITY LIMITS? YES 2 X NO
	FUNERAL	10e. STREET AND NUMBER	Chestnut	: Hi	11 R	d.		101. ZIP CODE		050		10g. CITI	U.S		COUNTRY?
	₽	11. MARITAL STATUS 1 Never Merried X Merried 3 Widowed 4 Divorced	FORCES? IF YES, GIVE W	YES OR O		10	If ye	DECENDENT OF STATE OF		n, Puerto P		or No-	14. RAC Blac Spec	E — Ar ik, Whit ://y: W	merican Indien, ia, atc.
	COMPLETED	15. OECEOENT'S EDUCA' (Specify only highest grade co Elementary/Secondary (0-12))	(Gi	ive kind of Do NOT u	se retired.)	ng most of working	g	16b.	KIND OF BU				
9	MP	12 Yrs.				Owne	r oper					Truc	k		
nd at on	BE CO		heodore	С		tens			Kis	ta S	Middle, Melden DIENSE	en			
notifie	2	Mrs. Nancy S. Chr	istenser	1	196	2513	Chest	neer end Number Nut Hi	or flural P	d. F	or, City or Tow Drest	n, Store, Zie HIII	, Mc	۱.	21050
must b		20e. METHOO OF DISPOSITION 1 Suriel 2 Cremetton 3 Removal from State 4 Donatton 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES. 20b. PLACE OF OISPOSITION (Name of cemetory, cremetory or other place) Harford Mem. Gardens 21. SIGNATURE OF FUNERAL SERVICE LICENSES. 22. NAME AND ADDRESS OF FACILITY											tate		
examiner		21. SIGNATURE OF FUNERAL SERVICE LICEN	7)				1	750 Bel	10000	Ε					al Homes
or other traumatic event, the medical examiner must be notified at once.		23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such an cardiec or reapiretory arrest, abock, or heart fellure. List only one cause on sech line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Arteriosclerotic cardiovascular disease DUE TO (OR AS A CONSEQUENCE OF):										Approximata Interval Between Onset and Death			
umatic e	TION	Sequantieily list conditions, If any, leeding to immediata DUE TO (OR AS A CONSEQUENCE OF):													
other tra	CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Diseese or Injury that Initiated events oue to (or as a consequence of):													
7.0	Ä	resulting in deeth) LAST													
any inju	EDICAL (PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO COMPLETION OF CALL OF BEATH?										LABLE PRIOR TO PLETION OF CAUSE			
23 shows	2	XX: YES 2 NO													
or item	SICIAN		HOSPITAL:		53		OTHER:	26. PLACE OF O				Da	3		
	PHYS	XX YES 2 □ NO 27. MANNER OF DEATH	28e. DATE OF		patient 3	28b. TII		c. INJURY AT	eldence		r (Specify) SCRIBE HOW	ROS			
marked,	ВУ РІ	1-Acident 5 Pending Investigation	(Month, D	(Month, Day: Year) INJURY WORK? M 1 YES 2 NO											M
n 28 ls	ETED	3 Suicide 8 Could not be 4 Homicide determined	building,	etc. (Spe	cify)	arie, remi,	screet, factory	Office			ATION (Street or Town, State		# OF MURBI	rioute	reur/108f,
T: If iten	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI One) 2 MEDICAL EXAMINER:												(e) end	menner ee stated.
IMPORTANT: If Item	BE CC	196. SIGNATURE AND THILE OF CERTIFIER	And	1				29c. LICI	ENSE NUI			29d. DA			oth, Day, Ybar)
٥	2	OCME 5-24-90 To walk And aboness of person who completed cause of peath (ITEM 27) (Type, Print) Julia C. Goodin, MD 111 Penn Street, Baltimore, MD 21201 vol											VC		

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	9
THE HOSPITAL OR ATTENDIMG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ysician.
TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit he filed within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	rial-transit
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF N					DEATH	MENIAL	REG. NO.	Ŀ	90	14594
	1. DECEDENT'S NAME (First, Middle, Lest) WILLIAM F. C.	i				2. DATE OF DEATH DAY YEAR 3			3. TIME OF DEATH 6P M			
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.							Country)	LACE (State or Foreign	
	212-32-8784 9a. FACILITY NAME (If not institution, give si	1 X M 2 F	57	THS.	Sh CITY	TOWN C	R LOCATION OF DE		0-22	ac COU	MAI	yland
Ę	8646 Winding Way	rous and minions			J. C. 111,		ry Hall	A111			altim	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			T 100 CIT	Y, TOWN O	D I OCAT	101				T	10d. INSIDE CITY
SIR.		ltimore		100.011	Peri					LIMITS?		
	10e. STREET AND NUMBER	TOTHIOTC			1011	_	ZIP CODE			10g. CIT		HAT COUNTRY?
FUNERAL	8646 Winding Wa						21128				USA	
	11, MARITAL STATUS 1 X Never Married 2 Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED	l l	f yes, sp	ENDENT OF NISPAN ecify Cubars, Maxicar 2 NO Specify	n, Puerto Ri		or No-	14. RACE Black, Specify	— American Indian, White, etc.
D BY	3 Widowed 4 Divorced	CATION	100	DECEDENT'S	USUAL OC	CHIDATIC	NA .	165	KIND OF BUS	INESS/IN	DUSTRY	White
COMPLETED	(Specify only highest grade			(Give kind of life. Do NOT u	work done o se retired.)	during mo	st of working					Dog+ 130
MP	elementary/Secondary (0-12) e oth grade			Custo	dian						egren	Post 130
BE CO	17. FATNER'S NAME (First, Middle, Linst) Guy Cadle						Zola S		liddle, Maiden	Surname)		
TO B	19a. INFORMANT'S NAME (Type/Print) Rose Cadle			19b. MAILING	46 W	(Street a	nd Number of Rural F	erry	Hall,	n, State, Zip Md.	211	.28
	20a, METHOD OF DISPOSITION 1	oval from State		CE OF DISPO	SITION (Na	me of cer	netery, crematory or				City or Tow	
ì	4 Donation 5 Other (Specify)	-1					y M. G.	00.4774	Bal	timo	re, M	aryland
	Lassila =		12/1-	25	La	assa	hn Funer	al Ho				
_	23. PART I. Enter the diseases, or o					_	Belair R					236 Approximate
	shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (or AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
ERTIFI	thet initiated events resulting in deeth) LAST	DUE TO	(OR AS A CON	SEQUENCE O	NF):							
	PART II. Other significent condition	s contributing to	death but no	ot resulting	In the un	derfyln	g cause given in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL								_	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME								_				1 TES 2 NO
AN:	25, WAS CASE REFERRED TO MEDICAL					20.0	ACE OF DEATH (Ch		-)			
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER 4 Num	R:	ne 5 SK Residence					
H.	27, MANNER OF DEATH	28a. DATE OF (Month, I	INJURY	28b. TII		28c. IN.	IURY AT		CRIBE HOW I	NJURY OC	CURED	
ВУ	1 Netural 5 Pending 2 Accident Investigation				М	1 🗌	YES 2 NO					
									er or Rumal Re	oute Number,		
3 Suices 6 Could not be determined building, etc. (Specify) 29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 20 MEDICAL EXAMINER: On the basic of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									and menner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Buer 6	5				29c. LICENSE NUI	MBER 17 CY	1	29d. DA	TE SIGNED	(Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WI						• • • • • • • • • • • • • • • • • • • •	, ,	- >			, , ,
	Dr. Ralph Baer	1390 Ma			alto	., N	id. (687	-110	0)			
	31. DATE FILED (Month, Day, Year) MAY 2 9 1990		AR'S SIGNATUR									1
	LEAT 6 7 133U St	מיישן ושניין קטסו	- A lastrace	~								

DHMH-16 Rev 1/89

Jassald Turner Home

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DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 12-viours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. OECEDENT'S NAME (First, Middle, Last)	C	ole	m	an		2. DATE OF DEATH MONTH OF DEATH					
	4. SOCIAL SECURITY NUMBER	birthday)					7. OATE OF BIRTH 8. BIRTHPLACE (State or Fo			LACE (State or Foreign		
	212-07-7849					DAYS	HOURS	MIN,	(Month, Day, Year) 6-7-19	62	AlA	bama
DR	SO. FACILITY NAME (IT not institution, give street and number) LINCOLN CONVALESCENT CONTER.					2/H	DR LOCATIO	ON OF DE	ATH	9c. COUNT	Y OF DE	ATH
5	RESIDENCE OF DECEDENT		-00.0			,,,,,						
DIRECTOR	10a. STATE 10b. COUNTY			P C	Alt	R LOCAT	RE					10d. INSIDE CITY LIMITS? 1 PYES 2 NO
FUNERAL	2037 McCul	Wh C-	1			101	2 / 2	17		10g. CITIZE		AT COUNTRY?
N	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARM	EO	13. 1	MAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (Specify Ye			- American Indian
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W)	1	f yes, sp	ecify Cuba 2 NO	n, Mexica	n, Puerto Rican, atc.)		Specify	— American Indien, White, etc.
ED	15. OECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. DEC	EOENT'S	USUAL OC	CUPATIO	DN at of workin	10	16b. KIND OF BU	ISINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	10.1	tiv	work done during most of working see retired.)					City	Hen	HA Dept.
	17. FATHER'S NAME (First, Middle, Last)	1 = 1					18. MOTI	HER'S NA	ME (First, Middle, Maide	Surname)		
BE	190. INFORMANT'S NAME (Type/Print)	EMAN	19b.	MAILING	ADDRESS	(Street a	VE	or Rural F	GUCY Route Number, City or To	vn, State, Zip C	ode)	
2	ThelmA Ashe		2	825	5 Gu	140	US FA	1/1/2 >	PKYOTON.	BAL	6.	MJ 21216
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE O other place	(9) a		m of coi	metery, cren	natory or	20c. L	Roll MI		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	BAILL	אנעבו		NAME A	ND ADDRE	SS OF FA	CILITY	140.	110	
	> York Brew	x			u	200			SWIN COM		7-	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or reepiratory arrest, shock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition Could be a cardiec or reepiratory arrest, interval Between Onset and Death											
	disease or condition resulting in death) - Cardo - Kesperatory Arsest											
N	Sequentially list conditions . Ma Printrition											
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING											
F	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
E	resulting in deeth) LAST	d. Ant	mia									
AL.	PART ii. Other significant condition	sulting	in the un	derlyin	g cause (given in	Part I. 24s. WAS A	art I. 24s. WAS AN AUTOPSY 24b. WERE AUTO PERFORMED? AMAILABLE				
MEDICAL			<u></u>							2) NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
- 1									_			1 - YES 2 - NO
AN	25 WAS CASE REFERRED TO MEDICAL					00 0	ACE OF D	EATH OL				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VE 2 NO 1 Inpetient 2 ENJOytpetient 3 DOA 26. PLACE OF DEATH (Check only one) 7 Manner OF DEATH 27. MANNER OF DEATH 28. OATE OF INJURY (Month, Day, Year) 28. THE OF 1 NUMBER: 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one)												
H	27. MANNER OF DEATH	28a. OATE OF (Month, D	INJURY	28b. TIM	E OF	28c. INJ	JURY AT	PROPERTY	28d. DESCRIBE HOW	INJURY OCCU	RED	
ВУ Р	1 Natural 8 Pending 2 Accident Investigation		IURY M	1 🗍	YES 2] NO						
ED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Bural Route Number, City or Town, State)									oute Number,		
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE								to the cause(e) and m			end menner ea stated,
BE	296. SIGNATURE AND TITLE OF CERTIFIES	led 1	W				Ot	ENSE NUM	31	•	5-	Month, Day, Year) -25-90
2	30. NAME AND ADDRESS OF PERSON WH		SE OF DEATH (ITEM		72.	ala.	s C	Uni	veSt.	Bat	2	1716
	31. DATE FILED (Month, Day, Year)		NR'S SIGNATURE	١١	10	,,,,,	1	100		041-		-10

2037 McCulloh St.

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2825 Curpus Falls PKyw

21217

GARRISON Forest

BAltimore

William T. Coleman

Thelma Ashe

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, : HOSPITAL DR ATTENDINI : FUNERAL DIRECTOR: After I within 72 hours after dea TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: 11

Item

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29b, SIGNATURE AND TITLE OF CERTIFIER

Myo Thant, MD

31. OATE FILEO (Month, Day, Year)

Myro

0 199f

30. NAME AND ADDRESS OF FERISON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Davidson-Bendalle

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TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu		28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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PHY	r this	h with	arke
DING	Afte	deat	E
TTEN	10H	after	28 1

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) AKA Marie Inez Flannagan 2. DATE OF DEATH 3. TIME OF OEATH Marie Inez CODD May 27, 1990 1:10 P 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS 1 M 2/2KF 219 05 1510 Baltimore, Sept. 6 1918 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Sq. Hospital DIRECTOR Rossbille Baltimore County RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY 10a. STATE Maryland Baltimore Essex 1 TYES 2 KNO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101, ZIP COOF USA 2030 Tred Avon Rd. 21221 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 THE YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 Never Married 2 Married 1 TYES 2 NO Specify: Specify: White В Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) US Government. Mail Supervisor 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Amila J. Meyers Michael J. Eisel BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1609 Covington St. Balto Md. 21230 Mary A. Eisel. Sister 20a. METHOD OF DISPOSITION

NXBurial 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Lorraine Pk. Cemetery Baltimore Md. 4 Donalion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Bruzdzinski Funeral Home PA Monre 1407 Old Eastern Ave. 21221 Approximate 23. PART I. Enter the diesees, or complications that coused the deeth. Do not enter the mode of dying, such se cardisc or respiratory arrest, shock, or heert fallure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CALISE (Fine) diseese or condition Metastatic Small Cell Carcinoma resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditione, if any, leading to immediate OHE TO (OR AS A CONSEQUENCE OF): e. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in deeth) LAST 24a. WAS AN AUTOPSY PART II. Other eignificent conditione contributing to death but not recuiting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 T NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 (X) Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2X NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined ETED 4 Homicide 1/1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.

9000 Franklin Square Drive

29c. LICENSE NUMBER DO0341

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month. Day, Year)

5/27/90

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OHMH-16 Rev 1/89

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FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Mebecca 101584 Mary nar 12:34 A.M 0 5/26/90 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 5. SEX 6. AGE (In vrs last birthday) IF UNDER 1 YEAR IF LINDER 24 HRS. 7. DATE OF BIRTH 1 🗌 M 2 🖳 F 76 213-05-3053 YRS. 1/6/14 Maryland director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore Randallstown 9955 Shoshone Way DIRECTOR RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Randallstown Baltimore Maryland 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? United States 9955 Shoshone Way 21133 by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 2 X X00 If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 YES 2 700 Specify: Specify: BY 3 🗌 Widowed 4 🔀 Divorced White COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 8+) Radio Repair Bendix 12 years once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Ahman Chance Nellie Murphy notified at iam B retained 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 9955 Shoshone Way Randallstown, MD. 21133 Mrs. Gail Noda after death. Page 6 may be pe 20e. METHOD OF OISPOSITION XXBurlel 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION -- City or Town, State must Loudon Park Cemetery Baltimore, MD 4 Donation 5 Other (Specify) examiner 22. NAME AND ADDRESS OF FACILITY
Loring Byers Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE funeral (7.6 Kellno 8728 Liberty Road Randallstown, MD 21133 n by the fi removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate filled in by shock, or haert feilure. List only one cause on each line intarval Between 6 Onset and Death IMMEDIATE CAUSE (Finel cremation, the disease or condition DUE TO (OR AS A CONSCOUENCE OF): completely within resulting in death) traumatic event, lace n and com to bunial, 4 pertensive CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate has been signed by the attending physician . Dept. of Health and Mental Hygiene prior to 1 23 shows any injury, or other traum TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior timportant: If Item 28 is marked, or Item 23 shows any injury, or other traur cause. Enter UNDERLYING gestive m CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 1910 OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 Inpetient 2 ER/Outpetient 3 DOA ng Home 5 Thesidence 6 🗆 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 1 Netural 1 YES 2 NO ВУ 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 🛄 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occured at the time, date and piace, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) BE DO 1317 5 26/90 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RD. BALTIMONE MD. 21207 Brecher, 6410 WINDSON MILL M.D. Herman 31, DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 9 1990 Tavidron- Randall Q

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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in 72 hours after death with the State Dept. of Hearth and Merical Hygrene prior to burial, cremation, or	VT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examir	
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	1 - STATE REGISTRAR			F DEATH		G. NO.			
	1. DECEDENT'S NAME (First, Migdle, Last) VICTORIU Dauls				2. OATE OF D		YEAR	3. TIME OF OE	ATH
		GE (In yrs. last birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BI	19	90	HPLACE (State or	Formion
	212-30-6887 10M2DF	87 YRS.	MONTHS DA		(Month, Day,	Ybar)	Count	irgini	.a
N.	9a. FACILITY NAME (If not Institution, give street and number) Homewood Meridian Nurs	ing Home		wn or Location of D Baltimor		9c. C0	OUNTY OF I		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		ry, town or L					10d. INSIDE CI	TV
E E	MD.	100.01		timore				LIMITS?	
7	10e. STREET AND NUMBER		Dai	101. ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY	
ER/	2333 Ivy Avenue			21214			U.S	.S.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried FORCES? 1 Y 3 Widowed 4 Divorced	ES 2 TONO	ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee If yea, specify Cuben, Mexicen, Puerto Rican, etc.) 1 YES 2* NO Specify:					E — American Inc. ck, White, stc. city: Blac	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, OECEDENT'S	USUAL OCCU	PATION	16b. KINI	O OF BUSINESS/I	NDUSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)			g most of working		_			
MP		Hot	ısemot	and the second second		Retir			
	17. FATHER'S NAME (First, Middle, Last) John Artis			100000000000000000000000000000000000000	ME (First, Middle .nora	, Maiden Surname)		
H	19e. INFORMANT'S NAME (Type/Print)	19b, MAJUN	G ADDRESS (St	eet and Number or Rural		Ity or Town. State	Zio Code)		
2	Elsie Costen	To Under Jane 194		Avenue				14	
	20e. METHOD OF OISPOSITION PC Burtal 2 □ Cremation 3 □ Removal from State			of cometery, crematory or		20c. LOCATION			
	4 Dottletton _5 Other (Specify)	Bank	ks Fam	ily Ceme	tery	Smith	fiel	d, Vir	gini
	at signature of funeral service licenses		22. NAME AND ADDRESS OF FACILITY						
	y weretha Sector	#28	31 E.I	.Phillip	s F.H	.1721-	27N.	Monroe	ST.
NC	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consciound of): Acute Myccoundial Infaction Suspection Due to (or as a consciound of): Atherus denth of the Acute Myccoundial Infaction Suspection Due to (or as a consciound of): Atherus denth of the Acute Myccoundial Infaction Suspection Due to (or as a consciound of):								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	AS A CONSEQUENCE O	/h==== OF:	of discon					
MEDICAL	PART II. Other significant conditions contributing to dear	th but not resulting	in the under	tying cause given in		. WAS AN AUTOPS PERFORMED? YES 2 NO	SY 24	b. WERE AUTOPSY AMARLABLE PRIC COMPLETION O DF DEATH? 1 YES 2	OR TO OF CAUSE
AN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			6. PLACE OF DEATH (C	heck only one)				
PHYSICIAN:	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpution: 2 ER/	Outpatient 3 DOA	OTHER:	Home 5 - Residence	8 Other (Spe	ecify)			
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		JURY	: INJURY AT WORK?	28d. DESCRIE	BE HOW INJURY	OCCURED		
ED		URY — At home, farm, Specify)	, street, factory,	office	281. LOCATION	N (Street end Num wn, State)	ber or Rural	Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my beautiful one) 2 MEDICAL EXAMINER: On the besis of examination							(e) end menner e	e stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	n03+11		29c. LICENSE NU		▶ .	5/ 32	D (Month, Day, Yes	
10	30. NAME AND ADDRESS OF DERSON WHO COMPLETED CAUSE OF		ic, Print)	2 not #1	our B	'alti w	· io	ماعالا	
-	31. DATE FILED (MONIN, Dey, Year) 32. REGISTRAR'S.	BIGNATURE							

FOR STATE REGISTRAR

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

2 9 1990

								3. time of death 8:52 a.m. _м			
4. SOCIAL SECURITY NUM	BER	5. SEX					R 24 HRS. MIN.	(Month, Day	Year)	6. BIRTHP Country,	PLACE (State or Foreign
90. FACILITY NAME (# not in THE JOHNS	institution, give s HOPKIN	street and number)		(m				ATH	9c. COL	INTY OF DE	
	_	Υ		10c. CITY	. TOWN OR L	OCATION					10d. INSIDE CITY
Md.										- 1	LIMITS?
		eet				120	171		10g. CIT		
		FORCES? 1	YES 2	S 2 J NO If yes, specify Cuban, Mexica				NIC ORIGIN? (Specify Yea or No. 14. RAC			— American Indian, White, etc.
			16	a. DECEDENT'S	USUAL OCCU	PATION		16b. KINI	OF BUSINESS/IN		llack
Elementary/Secondary (0-12) College (1-4 or 5+)			+)	Ille. Do NOT us	e retired.)	g most of work	ang	D1	ildina		
17. FATHER'S NAME (First, Middle, Last)										_	
Furman	T.	Da	У								
194. INFORMANT'S NAME (19a. INFORMANT'S NAME (Type/Print)					eet and Numb	er or Rural	Route Number, C	lty or Town, State, Z	ip Code)	
		noval from State	oti	b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)					20c, LOCATION -	- City or Tov	
21. SUSTRATURE OF FUNERAL SERVICE LICENSEE				22. NAME AND ADDRESS OF FACILITY						Md.	
James A. Morton & Sons 1701 Laurens St. Balto. Me								d. 21217			
23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final											
disease or condition reaulting in death)	\rightarrow	a. Star	OR AS A CO	PPT &	Aticus	5					2 days
		b. OVE	O (OR AS A CO	MINO S	epsis						2 days
that initiated events Transplace in mediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST								5days			
PART II Other elgoitic											
PART II. Other algorificent conditions contributing to death but not resulting Ocquired Immunodeficiency Section 1.						lying cause	given in	Part i. 24e	. WAS AN AUTOPS	24b.	WERE AUTOPSY FINDINGS
		tufficipe					given in		. WAS AN AUTOPS\ PERFORMED? YES 2 NO	7 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 □ YES 2 NO
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acquire	d Im	MUMODE +	icienc		OTHER:	M.C.	DEATH (C	1	PERFORMED? YES 2 NO	7 24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6	d Im	MOSPITAL: 1) Inputert 2 28s. DATE 0	□ ER/Outpatio	ent 3 DOA	OTHER:	M.C.	DEATH (CI	neck only one) 6 □ Other (Sp	PERFORMED? YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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	4. SOCIAL SECURITY NUM 9a. FACILITY NAME (II not. THE JOHNS RESIDENCE OF DE 10a. STATE Md. 10a. STREET AND NUMBEI 6 4 8 MOShe 11. MARITAL STATUS *** Never Married 2	4. SOCIAL SECURITY NUMBER 9a. FACILITY NAME (If not institution, give of the JOHN'S HOPKIN H	4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX M 2 F 9e. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPIT RESIDENCE OF DECEDENT 10e. STREET AND NUMBER 6 4 8 MOSHET STREET 11. MARITAL STATUS AND Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 1.2 17. FATHER'S NAME (First, Middle, Last) FURMAN T. Da 19e. INFORMANT'S NAME (Type/Print) CAYOL METHOD OF DISPOSITION AND METHOD OF DISPOSITION CAYOL METHOD OF DISPOSITION DAY 20e. METHOD OF DISPOSITION STATE 4 Donation 5 Other (Specify) 11. SUBMATURE OF FUNERAL SERVICE LICENSEE 23. PART 1. 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MARITAL STATUS Specify only highest grade compilated) Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) FURTMAN T. DAY 180. INFORMANT'S NAME (First, Middle, Last) FURTMAN T. DAY 180. MAILING ADDRESS (Street and Number or Rural 6 4 8 Mosher St. Ba 20. PLACE OF DISPOSITION (Name of commency, cramatory or AT DUTUS AT DUTUS 21. NAME AND ADDRESS OF A JAMES A. MO 17. Ol Laure) 22. NAME AND ADDRESS OF A JAMES A. MO 17. JAMES A. MO 17. JAMES A. MO 17. JAMES A. MO 17. JAMES A. MO 17. JAMES A. MO 17. JAMES A. 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DATE OF BIRTH (Month, Days, Year) PROPERTY NAME (If not institution, give sires and number) THE JOHN'S HOPKINS HOPKINS HOSPITAL RESIDENCE OF DECEDENT 106. CITY, TOWN OR LOCATION OF DEATH Md. 106. CITY, TOWN OR LOCATION BALTIMORE CITY 107. STATE 108. STATE 108. STATE 108. STATE 108. STATE 108. STATE 109. S	8. SOCIAL SECURITY NUMBER 8. SEX M 2 P F 2 2 VRS. MONTHE DAYS MOUND MM. 1. DAYS MOUND MM. 1. DAYS MOUND MM. 1. DAYS MOUND MM. 1. DAYS MOUND MM. 1. DAYS MOUND MM. 1. DAYS MOUND MM. 1. DAYS M. 1.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-16 Rev 1/89

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er death with the State Dept. of Health and Mental Hygiene pnor to burlal, cremation, or remove	arked, or item 23 shows any injury, or other traumatic event, the medical examiner mu
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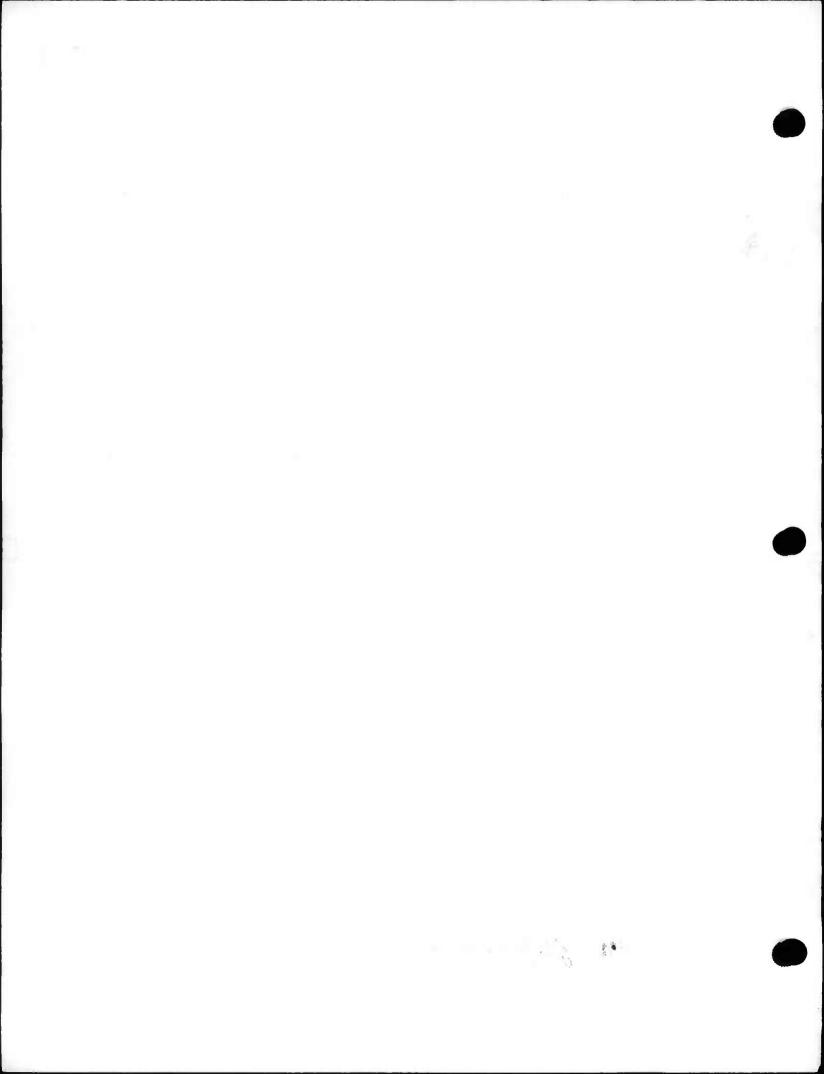
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1 DECEDENTIS MARKE IT	lime Adjetette 1 man			ENTIFIC	DATE	F DEAT	n T	REG			4 TIME OF 05 4T1:	
1. DECEDENT'S NAME (First, Middle, Last) Florence Elizabeth Davies								2. DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH	
								May	23 1	990	0155	
	311111111111111111111111111111111111111			77	IF UNDER 1 YEA		MIN.	7. DATE OF BIRT	H MQ	8. BIRTHP Country,	PLACE (State or Foreign PA	
172-01			80				\perp					
Peninsula	n. FACILITY NAME (If not institution, give street and number) Peninsula General Hospital					Salisbury, MD				9c. COUNTY OF DEATH Wicomico		
RESIDENCE OF D	10b. COUNTY	,		T 10c CITY	TOWN OR LO	CATION					10d. INSIDE CITY	
MD	Word	ester			Berlin					- 1	LIMITS?	
10e. STREET AND NUMB	11.0	CBCCI			301111	10f. ZIP CODE			100 00		HAT COUNTRY?	
	Sinepuxe	ent Rd.					2181	1	log. Gr		SA	
11. MARITAL STATUS	JITCPUNC	12. WAS DECEDENT	VED IN IL C. AL	DMC0	42 140 0			C ORIGIN? (Speci	tu Von en No	14 8405	- American Indian.	
1 Never Married 2 3 Wildowed 4 D		FORCES? 1 FYES, GIVE WAI	YES 2	NO	tf yes		, Maxican	, Puarto Rican, at			Whita atc.	
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(Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +) Housewife				rk done during	most of working	7						
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17. FATHER'S NAME (First	t, Middle, Last)							F /Eim+ Mirielle, M	alden Surname)			
Samuel I	Mummert							Alice	Peters	3		
19e. INFORMANT'S NAME (Torrow/Print) 19b. MAILING ADDRESS (Street and Number or Burel Route Number, City or Town, State, Zip Code)												
William Davies 11035 Sinepuxent Rd. Berlin, Md. 21811												
20s. METHOD OF DISPOSITION 1 M Burlet 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Record Town, State Other place) Record Town, State Other place) Record Town, State Other place)												
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BUrbage Funeral Home										,		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE						E AND 400050	e os ***	HITY TO 1	77		TT	
. 111	RAL SERVICE LIC	ENSEE			22, NAM	E AND ADDRES	S OF FAC	Dull	age Fu	neral	Home	
· u.K.	ist B	usbag	2		22. NAM	E AND ADDRES	S OF FAC	108	age Fu Willia in, Md	ms St	Home 811	
23. PART I. Enter the	diseases, pro	unlary complications that	coused the d	eath. Do no				108 Ber1	Wĭllia .in, Md	ms St	811 Approximate	
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shock, p IMMEDIATE CAUSE (disease or condition resulting in deeth)	e diseasee, pro r heert fellure.	complications that control of the co	on each lin	EOUENCE OF)	ot enter the		ng, such	108 Ber1	Willia in, Md respiratory a	ms St 21	Approximate interval Betwee Onset and De	
shock, D IMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentielly list con if any, leading to imi cause. Enter UNDER	e diseasee, pror r heert feliure.	complications that control of the co	SL L	EOUENCE OF)	ot enter the		ng, such	108 Ber1	Willia in, Md respiratory a	ms St 21	Approximate interval Betwee Onset and De	
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shock, p IMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentially list con if any, leading to imcause. Enter UNDER CAUSE (Disease or ithat initiated events resulting in death) L	e diseasee, proprietation of the control of the con	DUE TO (C	PAS A CONSE	EOUENCE OF)	t enter the	mode of dyir	For C	108 Ber1 as cardiec pr	Willian, Md respiratory a	ms St 21 rreet,	Approximete interval Betwee Onset and De Conset and De Con	
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shock, D IMMEDIATE CAUSE (disease or condition resulting in deeth) Sequentielly list con if any, leading to improve the cause. Enter UNDER CAUSE (Disease or it that initiated events resulting in death) L PART II. Other signification of the cause of	disease, proprietable of the property of the p	DUE TO (C. DUE TO (C.	e on eech lin RAS A CONSE RAS A CONSE RAS A CONSE RAS A CONSE RAS A CONSE RAS A CONSE RAS A CONSE RAS A CONSE RAS A CONSE RAS A CONSE RAS A CONSE RAS A CONSE RAS A CONSE RAS A CONSE RAS A CONSE RAS A CONSE	EOUENCE OF) EOUENCE OF) Tesuiting in 3 □ DOA 28b. Time	of the under the	Ilying ceuse g	EATH (Che	Pert i. 24a. W Pi	Willian, Md respiratory a AS AN AUTOPS' ERFORMED? ES 2 NO NO NO NO NO NO NO NO NO NO	ms St 21 rreet,	Approximete interval Betwee Onset and De Conset and De Con	
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32. REGISTRAR'S SIGNATURE

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 modus. Siter death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

- 1	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME			MENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES	V. FEF	RTITTA		!	2. DATE OF DEATH		3. TIME OF DEATH 10:20 a M	
	4. SOCIAL SECURITY NUMBER 218 40 9940	5. SEX 6. AGE (in yrs.	last birthday) IF UI YRS. MONT	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	(BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give s	treet and number)			R LOCATION OF DE	02 04 19	9c. COUNTY		
TOR	GREATER BALT	IMORE MEDICAL (CENTER	TOWS	ON		BAL	TIMORE	
DIRECTOR	10e, STATE 10b, COUNT BA	LTIMORE	10c. CITY, TOV	MN OR LOCAT				10d. INSIDE CITY LIMITS?	
10	10e. STREET AND NUMBER	LITHORL	DAI		ZIP CODE		10g. CITIZEN	1 TYES 2 NO	
FUNERAL	5630 WHITBY ROA			21206			IISA	24110 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	ARMED X) NO	13. WAS DECI	ENDENT OF HISPAN Holfy Cuban, Mexica 2 NO Specify	IIC ORIGIN? (Specify Yea n, Puarto Rican, etc.) /:	ORIGIN? (Specify Yea or No— 14. RACE — Ame Black, White, Specify: W		
	15. DECEDENT'S EDU (Specify only highest grade	completed)	DECEDENT'S USUA (Give kind of work d	one during mos		16b. KIND OF BUS	SINESS/INDUST	TRY	
COMPLETED	Elementary/Secondary (0-12) 12 VYS	College (1-4 or 5+)	Lt. Poli	,	nt	Raltim	ora Po	lice Dept	
COM	17. FATHER'S NAME (First, Middle, Last)	-	201 1011	CC DC	18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	rice bept	
BE	Charles V.	Fertitta	19h MAILING ADD	RFSS (Street a		abeth Route Number, City or Tow		Roycroft	
2	Mrs Dorothea M.	Fertitta	Same a		TO TRAITE OF THE PER	todo manao, oty or now	n, oldie, ap oo		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State other	CE OF DISPOSITION					or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Paul L. Hartsc	ulaney Va xk.Jr.		D/29/90 ID ADDRESS OF FA		altimo more,Mo		
	I fail L. A	atooch of	6	Leor	nard J. I	RuckInc.			
	23. PART i. Enter the diseases, or shock, or hasrt failure.	complications that caused the List only one cause on each i		ntar the mo	de of dying, suc	h as cerdiac or reepi	retory arreat	interval Between	
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	a. BRAIN DUE TO (OR AS A CON	AND LARY	MGEAL	CANCERS			Onset and Death	
z		b.	SECUENCE OF):						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	SEOUENCE OF):						
TFIC	CAUSE (Diseese or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CON	SEOUENCE OF):						
CER		d							
CAL	PART ii. Other significant condition	ns contributing to death but no	ot resulting in th	e underlying	g ceuse given in	Part i. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
PHYSICIAN: MEDICAL						1 _ YES 2	NO NO	OF DEATH?	
N: N				_					
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		HER:	ACE OF DEATH (Ch	6 Other (Specify)			
ву рну	27. MANNER OF DEATH 1 Netural 6 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJ WO		28d. DESCRIBE HOW	NJURY OCCUR	RED	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — As building, atc. (Specify)	t home, farm, street	, factory, offic	•	28f. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,	
COMPLETED	(Oracle Oray	SICIAN: To the best of my knowledge ER: On the basis of examination and							
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Myen			29c. LICENSE NU	MBER	29d. DATE 8	GNED (Morgh, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON WI	SLAYYEH M.D.	GBMC	n			3/		
	MAY 29 1990 Jul	32. REGISTRAR'S SIGNATUR	-		·				

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

VERNON

42

4602

1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL	HYGIENE REG. NO.	5 /8		3	
1. DECEDENT'S NAME (First, Middle, Last) VERNON	FAR	MER				23,	(990		TIME OF DEATN	
4. SOCIAL SECURITY NUMBER 213-16-3369 9a. FACILITY NAME (# not institution, give str	1∰ M 2 □ F 67	YRS. MON	UNDER 1 YEAR OTHS DAYS	F UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	05	Dey, Year) 5/16/23		Country)	MD	
THE JOHNS HOPKI		BALTIMORE					BALTIMORE CITY			
10e. STATE 10b. COUNTY			WN OR LOCAT					10	Od. INSIDE CITY TUMITS? YES 2 ND	
10e. STREET AND NUMBER	1 <i>1/1</i> 2		101	21212					AT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Merried FORCES? 1 YES 2//NO					? (Specify Yea lican, atc.)		USA 14. RACE — American Indian, Black, White, atc. Specify: BLACK		
15. DECEOENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 6th GRADE	ATION 16 completed) College (1-4 or 5+)	Give kind of work in. Do NOT use ret	done during mo-		16b.	KIND OF BUS	INESS/INDUS	STRY	DEMION.	
17. FATHER'S NAME (First, Middle, Lest) RICHARD FARMER		24611		18. MOTNER'S NAI	ME (First, M ROBE		Surname)			
19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural F						
20a. METHOD OF DISPOSITION 1-07 Burial 2 ☐ Cremation 3 ☐ Remo										
21. SIGNATURE OF FUNERAL SERVICE LICE		OODLAWN (CEMETE:	D ADDRESS OF FA	CILITY	WOO	DDLAWI	7, ML).	
> Gladus	Waren!		WM.C	. MARCH I	$F \cdot H \cdot$	1101 1	E. NOF	RTH A	IVE.	
	List only one cause on each	h line.		de of dying, suci	h as card	lac or reapli	retory arres	it,	Approximate interval Between Onset and Death	
disease or condition resulting in death)	DUE TO (OR AS A CO		wel			···			48°	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	ONSEQUENCE OF):								
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):								
PART II. Other significant conditions	s contributing to death but	not resulting in th	he underlyin	g cause given in	Part i.	24a. WAS AN. PERFOR	MED?	A	VERE AUTOPSY FINDINGS WAILABLE PRIDE TO COMPLETION OF CAUSE	
Squamous ce	le of the p cardionyo				_	I IUPTES 2			F DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	7	7		ACE OF DEATH (Ch	eck only on	e)				
1 TYES 2 (NO	HOSPITAL:	ent 3 DOA 4		e 5 🗆 Residence		* , , , ,				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WC	URY AT PRK? YES 2 NO	26d, OE\$	CRIBE HOW IP	IJURY OCCU	RED		
3 Suicide 8 Subject be	28e. PLACE OF INJUSTY — building, etc. (Specify)		t, factory, offic	•		ATION (Street a or Town, State)	nd Number o	r Rural Rou	rte Number,	
contain oray	CIAN: To the best of my knowled R: On the besis of examination a								and manner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIER	\sim 1 \circ 1			29c. LICENSE NUI	MBER			SIGNED (A	Aonth, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO	HONKINS HE	H (ITEM 27) (Type, Pri	Baltiv	Lov, MD						
31. DATE FILED-(Month, Dey, Year)	32. REGISTRAR'S SIGNAT	URE								

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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									7	0 14003
	FOR STATE REGISTRAR	STATE OF MAR				EALTH AND I	MENTAI	L HYGIENI REG. NO.	E	
ļ	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	Y YE	3. TIME OF DEATH
	SELENA	LEE		EASTE			5	23		
		□ M 2 1 F 6	GE (in yrs. lest birthde) Months	MONTHS DAYS HOURS MIN. (Month			of BIRTH h, Day, Ybar)	9c. COUNTY	BIRTHPLACE (State or Foreign Country) Maryland OF OFATH	
DIRECTOR	St.Agnes Hospi	,		Balto.City,Md.						
EC	10s. STATE 10b. COUNTY		10c. C	10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY		
	Md. Balto.Co.			Catonsville, Md.					LIMITS? 1 YES 2 NO OF WHAT COUNTRY?	
FUNERAL	5610 Princ	o Goora	0 5+		1.00	2120	7		JSA	
N I		WAS DECEDENT EVE		13.	WAS DEC	ENDENT OF HISPAN		t? (Specify Yea		RACE American Indian.
F	1) Never Married 2 Married	FORCES? 1 Y	ES 2 X NO		If yes, spe	2X NO Specify	n, Puerto I			Black, White, etc. Specify:
В	3 Widowed 4 Divorced		1112			400	·			White
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	pleted)	16a. DECEDENT	r'S USUAL C of work done r use retired.)	during mo	N st of working	16b	. KIND OF BUS	INESS/INDUST	RY
PLE	27	ollege (1-4 or 5+)	No		,					
O	17. FATHER'S NAME (First, Middle, Last)		1 110	110		16. MOTHER'S NA	ME (First, I	Middle, Maiden	Sumame)	
BE C	James W	Ι.	Feaster			Miche				Rhodes
TO B	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural F				
-	Mr.James W.Fea	ster				George	St.	-	200	
	20s. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	other place)	of Disposition (Name of cemetery, crematory or lace) r Hill Cemetery						or Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					D ADDRESS OF FA	CILITY		A.Co.	
	-1/1 -1	. 1/	/							21230
	23. PART i. Entar tha disesses, or comp	· / /a>	NO							E.Fort Ave
- 1	ehock, or heart failure. List	only ona cause o	n eech ilne.	o not ente	r the mo	de of dying, auc	h ee cer	diac or reapi	ratory errest.	interval Between
	IMMEDIATE CAUSE (Final disease or condition Acute cerebe			r ton	sill	ar herni	atio	n		Onset and Death
	reaulting in death) a		AS A CONSEQUENCE							
-	Bacterial meningitis									
- 1	Sequentially list conditions, If any, laeding to immediate									24hrs.
TIO	if any, laeding to immediate									24hrs.
CATIO	If any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR A	AS A CONSEQUENCE	OF):						24hrs.
TIFICATION	if any, laeding to immediate cause. Entar UNDERLYING	DUE TO (OR A		OF):						24hrs.
CERTIFICATION	if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE	OF):						24hrs.
_	if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR A	AS A CONSEQUENCE	OF):		g cause given in	Part I.	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
_	if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE	OF):		g cause given in	Part I.		MED?	24b. WERE AUTOPSY FINDINGS
_	if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR A	AS A CONSEQUENCE	OF):		g cause given in	Part I.	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
_	if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions on Aspiration pneumo	DUE TO (OR A	AS A CONSEQUENCE	OF):	inderlylng		_	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions on Aspiration pneumo	DUE TO (OR /	AS A CONSEQUENCE	OF):	zs. Pt	ACE OF DEATH (Ch	eck only or	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
_	if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions on Aspiration pneumo	DUE TO (OR A	AS A CONSEQUENCE	OF):	zs. Pt	ACE OF DEATH (Ch	eck only or	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO
PHYSICIAN: MEDICAL	If any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of Aspiration pneumo 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 12. 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR /	AS A CONSEQUENCE The but not resulting Dutpetient 3 □ DOARY 28b.	OF):	26. PLER: ursing Hom	ACE OF DEATH (Ch	eck only or	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO
BY PHYSICIAN: MEDICAL	If any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions on Aspiration pneumo 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 18 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO (OR /	AS A CONSEQUENCE AS A CONSEQUENCE The but not resulting Dutpetient 3 □ DOA RY 28b. 1 URY — At home, far	OTHE A NUTTING OF INJURY	26. PL R: raing Hom 28c. INJ 28c. INJ 1 1	ACE OF DEATH (Ch	8 Other	PERFOR X YES 2 Per (Specify) SCRIBE HOW II	MED? NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO
BY PHYSICIAN: MEDICAL	If any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of Aspiration pneumo Aspiration pneumo 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR /	AS A CONSEQUENCE AS A CONSEQUENCE The but not resulting Dutpetient 3 □ DOA RY 28b. 1 URY — At home, far	OTHE A NUTTING OF INJURY	26. PL R: raing Hom 28c. INJ 28c. INJ 1 1	ACE OF DEATH (Ch	8 Other	PERFOR X YES 2 The property of the property	MED? NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] YES 2 NO
BY PHYSICIAN: MEDICAL	If any, laeding to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of Aspiration pneumo. Aspiration pneumo. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 18 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Sucide 6 Could not be datarmined.	DUE TO (OR /	AS A CONSEQUENCE AS A CONSEQUENCE The but not reculting Dutpettent 3 DOJ RY 28b. 1 URY — At home, ferr	OTHE A 4 NOTHE OF INJURY M	26. PL: R: unsing Hom 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF DEATH (Ch. 6 G Residence 1 Review AT 1 RK? 1/ES 2 NO	8 Other	PERFOR YES 2 PER (Specify) SCRIBE HOW II CATION (Street or Town, State)	NJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] YES 2 NO
BY PHYSICIAN: MEDICAL	If any, laeding to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant conditions on Aspiration pneumonal assumption and the conditions of Aspiration pneumonal assumption and the cause of the cau	DUE TO (OR / DUE T	AS A CONSEQUENCE AS A CONSEQUENCE The but not reculting Dutpetient 3 DOA RY 28b. 1 URY — At home, ferr Specify)	OTHE A A OTHER A A OTHER A MINUTIME OF INJURY M	26. Pt. R: unsing Home 28c. INJ. WO	ACE OF DEATH (Ch. 6 6 Residence URY AT RK? (ES 2 NO 6	8 Othe 28d. DE: 28f. LOC City	PERFOR YES 2 ar (Specify) SCRIBE HOW II CATION (Street or Town, State)	NJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X YES 2 NO BUT NO BU
COMPLETED BY PHYSICIAN: MEDICAL	if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions on Aspiration pneumon Aspiration pneumon aignificant conditions on Aspiration aignificant conditions ai	DUE TO (OR / DUE T	AS A CONSEQUENCE AS A CONSEQUENCE The but not reculting Dutpetient 3 DOA RY 28b. 1 URY — At home, farm Specify)	OTHE A A OTHER A A OTHER A MINUTIME OF INJURY M	26. Pt. R: unsing Home 28c. INJ. WO	ACE OF DEATH (Ch. 6 6 Residence URY AT RK? (ES 2 NO 6	8 Othe 28d. DE: 28f. LOC City to the cast time, data	PERFOR YES 2 ar (Specify) SCRIBE HOW II CATION (Street or Town, State)	NO NO NO NJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X YES 2 NO BUT NO BU
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, laeding to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of Aspiration pneumo. Aspiration pneumo. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O. 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR / DUE T	AS A CONSEQUENCE AS A CONSEQUENCE The but not resulting Dutpettern 3 DOA RY 28b. 1 URY — At home, farm Specify) nowledge, death occustion and/or investig	OTHE A 4 Number of the ation, in my	26. Pt. R: unsing Home 28c. INJ. WO	ACE OF DEATH (Ch e 6 Residence URY AT RK? YES 2 NO e and place, and due	8 Othe 28d. DE: 28f. LOC City to the cast time, data	PERFOR YES 2 ar (Specify) SCRIBE HOW II CATION (Street or Town, State)	NO NO NO NJURY OCCUR	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] YES 2 NO ED Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	If any, laeding to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of Aspiration pneumo Aspiration pneumo 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR / DUE T	AS A CONSEQUENCE AS A CONSEQUENCE The but not resulting Dutpetient 3 DOA RY AT 28b. 1 URY — At home, farm Specify) Townedge, death occurrence action and/or investig	OTHE OF INJURY M or street, factor, in my	26. PL R: unsing Hom 28c. INJ totory, office time, data opinion, d	ACE OF DEATH (Ch 6 G Residence URY AT RK7 (YES 2 NO e and place, and due eath occured at the 29c. LICENSE NUI D08949	281. LOC City	PERFOR YES 2 In (Specify) SCRIBE HOW I Or Town, State) uee(s) and mar a and place, an	NJURY OCCUR and Number or interest stated. d due to the co	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] YES 2 NO ED Rural Route Number, susse(a) and menner as atated. GNED (Month, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, laeding to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions on Aspiration pneumon assistance of the conditions of Aspiration pneumon assistance of the conditions of Aspiration pneumon assistance of the conditions of Aspiration pneumon assistance of the conditions of Aspiration pneumon assistance of the conditions of Aspiration pneumon assistance of the conditions of the co	DUE TO (OR / DUE T	AS A CONSEQUENCE AS A CONSEQUENCE The but not reculting Courtpettent 3 DOA RRY 28b. 1 URY — At home, farm Specify) F DEATH (ITEM 27) (7) CATON AN BIGNATURE	OTHE OF INJURY M or street, factor, in my	26. PL R: unsing Hom 28c. INJ totory, office time, data opinion, d	ACE OF DEATH (Ch 6 G Residence URY AT RK7 (YES 2 NO e and place, and due eath occured at the 29c. LICENSE NUI D08949	281. LOC City	PERFOR YES 2 In (Specify) SCRIBE HOW I Or Town, State) uee(s) and mar a and place, an	NJURY OCCUR and Number or interest stated. d due to the co	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 [X] YES 2 NO ED Rural Route Number, susse(a) and menner as atated. GNED (Month, Day, Year)

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENS
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA			F HEALTH AND NOF DEATH	MENT	AL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						E OF OEATH			TIME OF DEATH
	ROY	F.		GREER		MON 5			YEAR D	5:10 PM
			In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DAT	E OF BIRTH		6. BIRTHPLA	CE (State or Foreign
	401-14-4150		73 yrs.	MONTHS D	AYS HOURS MIN.	(Moi	ept. 23	101	Country)	Kentucky
	9a. FACILITY NAME (If not institution, give stree			95 CITY TO	OWN OR LOCATION OF DE		ept. 23		TY OF DEAT	
œ										
6	Baltimore County G	<u>eneral Hosp</u>	1tai	L	Randallsto	own			Baltir	nore
Ä	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR I	OCATION	10				I. INSIDE CITY LIMITS?
DIRECTOR	Maryland Balt	timore		Balti	lmore				1 [YES 2 1 NO
4	10e. STREET AND NUMBER				10f. ZIP CODE					COUNTRY?
FUNERAL	3404 Mayfield Ave	. Baltimo	re, MD	21207	212	:07		Unite	d Sta	ites
5		2. WAS DECEDENT EVER IN FORCES? 1XXX YES			S DECENDENT OF HISPAN			or No-	14. RACE — Black, W	American Indien, hita, atc.
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES		YES 2 XXIO Specify		o thous, aton		Specify:	White
									10 TOW	MILLE
COMPLETED	15. OECEDENT'S EOUCAT (Specify only highest grade coi	mpleted)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done duri	ing most of working	,	6b. KIND OF BUSI	INESS/INO	JSTRY	
2	Elamentary/Secondary (0-12) 12 years	College (1-4 or 5+)		pervis	sor			SSA		
M	17. FATHER'S NAME (First, Middle, Lest)		50	pervi	16. MOTHER'S NA	ME (First	t. Middle, Maiden S			
	Luther Greer						Unknow			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	treet and Number or Rural i				Code)	
2	Mrs. Eva Virginia	Greer	340	4 May	field Ave.	Ba1	timore,	MD	21207	'
	20a. METHOO OF DISPOSITION 1 To Burial 2 Cremation 3 Remove		other place)		of cemetery, crematory or				Olty or Town,	33.1
	4 Donation Cother (Specify)	III TOM State	Lo		e Park Ceme		y Wo	odlav	m, MI	
	21. SIGNATURE OF PUNERAL SERVICE LICEN	ISEE /)		me and address of fa ring Byers		oral Ho	ma		
	Johns	-15()	9	87	28 Liberty	Roa	d Rand	me allst	own,	MD 21133
	23. PART I. Enter the diseases, or cor			not enter th	e mode of dylng, suc	h ss c	ardiac or respir	etory sm	est,	Approximats Interval Between
	shock, or heart failure. Lit	st only one cause on a	sch line.							Onset and Death
	disesse or condition resulting in death)	Contac	t gunsho	ot wou	nd of head					
	rounding in abusin,	OUE TO (OR AS /	CONSEQUENCE (OF):						
Z	Sequentially list conditions, b.			_						
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE ()+):						
임	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS /	A CONSEQUENCE (OF):						
CERTIFICATION	resulting in death) LAST									
						-	1		I	
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to death b	out not resulting	In the unde	erlying cause given in	Part I.	24a, WAS AN PERFOR		AV	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE
8							1)C) YES 2	□ NO		DEATH?
ME							1		12	YES 2 NO
ÿ										
2		HOSPITAL:		OTHER:	26. PLACE OF DEATH (C)					
ΙΥS	1 🔀 YES 2 🗍 NO	1 Inpetient 2 ER/Out	patient 3 DOA		g Home 5 Residence	_	ther (Specify) DESCRIBE HOW II	HIRV OC	TIREO	
ద	1 Natural 5 Pending	(Month, Day, Year) 5-25-90	11	M GO	WORK?	14.2.4.1	Subject			-
B	2 Accident Investigation 3 X Suicide & Could not be	26a. PLACE OF INJURY		±		\leftarrow	OCATION (Street a			
COMPLETED	4 Homicide 6 Could not be detarmined	building, etc. (Spe	lawn	•			City or Town, State)			Balto, Co.
E	29a. CERTIFIER	AN: To the best of my know		med at the time	a data and place and day					2012007
MP	(Check only one) 2 MEDICAL EXAMINER:									nd menner as stated.
	296 SIGNATURE AND TITLE OF CERTIFIER	1000			29c. LICENSE NU					lonth, Day, Year)
BE	Wais F (Bolly of	-) 1-	0	OCME				5-26-9	
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATN (ITEM 27) (%)	oe, Print)	CCME	-			20 -	, ,
	Mario F. Golle.	Jr., M.D.	1	11 Per	nn Street		Baltim	ore.	MD 21	L201
	Mario F. Golle, 31. DATE FILED (Month, Day, Year)	32 MEGISTRAR'S SIG	MYURE							
	MAY 20 1997 Fu	the Danas								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 media. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

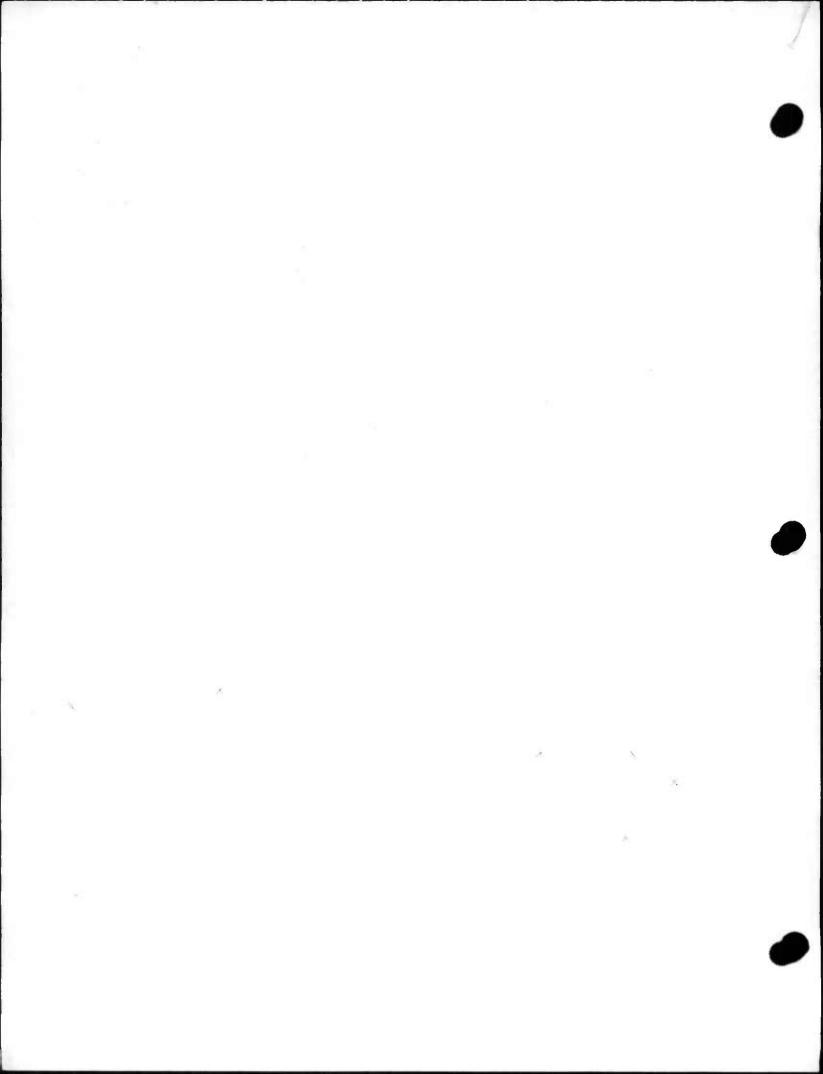
DHMH-16 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO	- //	-14-605	
	1. OECEOENT'S NAME (First, Middle, Last)	Arthur W. Granger				2. DATE OF DEATH MONTH DAY DAY YEAR 4 19 A M			
	4. SOCIAL SECURITY NUMBER 218-03-9778		In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4/9/1918	(BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give str			9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	Maryland OF DEATH	
TOR	Harbor Hospital	Center		Balto	.City, N	ſd.			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY	
	Md		Bal	to.Cit			1	1 XYES 2 NO	
FUNERAL	1412 S.Hanover	C+		101	21230		US	OF WHAT COUNTRY?	
NO.	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPAN	IC ORIGIN? (Specify Ya		RACE — American Indian, Black, White, etc.	
ВУ	1 Never Merried 2 Married 3 Wildowed Divorced Never Merried 2 Married FORCES 1 YES 2 321			1 🗆 YES	Specify: White				
	15. OECEDENT'S EDUC. (Specify only highest grade of		16e. DECEDENT'S U	SUAL OCCUPATION And Advisor Andrews	ON st of working	16b. KIND OF BU	SINESS/INDUST		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Labor	,					
COMPLETED	12th.Grade La			er	16. MOTHER'S NAI	'S NAME (First, Middle, Meiden Surneme)			
BE C		. Gran	nger		Mar	y E.	M	<u>IcCafforey</u>	
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip (de)		
	Donald Grange 200. METHOD OF DISPOSITION	20b	D / O PLACE OF DISPOSIT other place)				CATION — City	or Town, State	
	1 Duriel 2 Cremetion 3 Remo	matory							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md.21						1.21230		
	Teder	end rec	ws					E.Fort Ave	
	23. PART I. Enter the diseases, or conshock, or haert fellure. L	let only one ceuse on e	ach line.				arrest	Approximate Interval Between Onset and Death	
	immediate Cause (Final disease or condition resulting in death) Bilateral Cerebellar Infanction e. Bilateral Cerebellar Infanction								
	DUE TO (OR AS A CONSEQUENCE OF):								
NOI	Sequantielly liet conditions, if any, leading to immediate								
ICAT	CAUSE (Disease or Injury								
CERTIFICATION	thet Initiated events resulting in death) LAST								
	d. PART il. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
ICAL	PART II. Other asymmetric contributing to death out not resulting in the underlying cause given in Part I. Part II. Part II. Part II. View asymmetry personal to the contributing to death out not resulting in the underlying cause given in Part I. Part II. View asymmetry personal to the contribution of the						AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDIC	, A 12 1 NO						1 ☐ YES 2 MNO		
AN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)								
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	e 5 🗆 Raaldenca	III. and investor			
РНУ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WC	RK7	28d. DESCRIBE HOW	INJURY OCCUR	RED	
BY	1 Natural 5 Pending 2 Accident Investigation 28e PLACE OF INJURY — At h			M 1 YES 2 NO		281, LOCATION (Street and Number or Rural Route Number,			
TED	3 Suicide 6 Could not be detarmined City or Town, State) 4 Homicide 5 Could not be detarmined City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the filme, date and place, and due to the cause(a) and menner as stated.								
	2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER						a, end due to the cause(e) and menner ea stated. 29d. DATE SIGNED (Month, \$\overline{\psi}_{ey}\$, Year)		
) BE	290. STUMATURE AND TITLE OF CENTIFIER					LOG LIGHTER		► 5/25/90	
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3001 S. Hanow St Baltimen Md.								
	31. DATE FILED (Month, Day, 1997)	33 DE OF STREET STREET	ANRE			, , ,	· .		



OHMH-16 Rev 1/89

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR AGNES V. GAY CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)				****	2. DATE OF I	DEATH DAY YE	3. TIME OF DEATH	
	AGNES 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In v	rs. lest birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. OATE OF E		538 PM	
	578-44-2317	1□M2¥F 74		MONTHS	AYS HOURS MIN.	Sept.	1,1915	BIRTHPLACE (State or Foreign Country) MD •	
l G l	Simil AOSPI	eet and nymber)	GU	96. CITY, TO	OWN OR LOCATION OF DE	C	Balt;	Mare City	
DIRECTOR	RESIDENCE OF DECEDENT	ntapmery	10c. CITY	TOWN OR	LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 X NO	
FUNERAL	SOE STREET AND WINNING	Jal Av	P.	141	101. ZIP CODE.	77	10g. CITIZEN	OF WHAT COUNTRY?	
	11, MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DATE	NO NO	tf y	S OECENDENT OF HISPAN es, specify Cuben, Mexice YES 2 NO Specify	n, Puerto Rice	pecify Yee or No — 14.	RACE — American Indian, Black, White, etc.	
р Ву	3 Widowed 4 Divorced				21-31			WITH	
ETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12)	ATION completed) College (1-4 or 5+)	Give kind of w life. Do NOT use	ork done dun	JPATION ing most of working	16b. KIN	ID OF BUSINESS/INDUST	rry	
COMPLET	12	0	HOMEM	AKER			HOME		
	17. FATHER'S NAME (First, Middle, Last)	C A DIT TOW					le, Maiden Surname)	DECK	
8	JOSEPH M. 190. INFORMANT'S NAME (Type/Print)	GANLEY	19b. MAILING	ADDRESS (S	NETITE Street end Number or Rural I		NIA SWARTZ		
2	PATRICIA JACOUEL	INE HURST			rederick A			burg, Md. 20877	
	20s. METHOD OF DISPOSITION 1X Buriel 2 ☐ Cremetion 3 ☐ Remo	20b. P			of cemetery, crematory or		20c. LOCATION — City		
	4 Donation 5 Other (Specify)	S	t. Mary				Barnesvi	lle, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	X/ Bar	ha	MU	RIEL H. BAI	RBER F		E NSVILLE,MD.208	
	23. PART I. Enter the diseases, or c							, Approximete	
								Onset and Death	
	disease or condition metastatic LUNG CANCER a. DUE TO (OR AS A CONSEQUENCE OF):								
2	DUE TO (OR AS A CONSEQUENCE OF):								
CATIO	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that Initiated avants resulting in deeth) LAST								
	PART II. Other significant conditions	s contributing to death but	not resulting in	n the unda	riying cause given in	Part I. 24	a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINOINGS	
SC	PERFORME					PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL						_	•	1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: OTHER: 1 Description 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)							
	1 Natural 5 Pending (Month, Day		D. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO		28d. DESCRIBE HOW INJURY OCCURED				
red BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)			28f. LOCATION (Street and Number or Flural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) One								
i O	2								
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	Manion			29c. LICENSE NU	MBER 3/3		29d. OATE SIGNED (Month, Day, Year) 5/23/90	
일	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)					1, 3,			
	IBMISON, SINAL	HOSPITAL of							
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE						

MAY 2 9 1990

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	d hour	filled in	не ше
	be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	aumatic event, th
	ath certificate	tending physical al Hygiene pri	, or other tr
,	that the dea	ned by the at th and Ment	any Injury,
1110	law requires	as been sign lept, of Hea	23 shows
	N: The	State D	Hem.
	DING PHYSICIA	After this certi	s marked, or
	OR ATTEN	DIRECTOR: hours after	Item 28 i
	TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: If

31. DATE FILED (Mornth, Day, Year) MAY 2 9 1990

Sul BANGERARISA

							9	0 1460
	1 - STATE OF STATE OF			MENT OF H		MENTAL HYGIEN	_	
*	1. DECEDENT'S NAME (First, Middle, Last)	TE.	HA	ZAR	0	2. DATE OF DEATH MONTH	7 FO 3	TIME OF DEATH 3
TOR	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 5. SEX	6. AGE (In yrs. I	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 11/25/2	Country)	ACE (State or Foreign Maryland
	9a. FACILITY NAME (If not institution, give street and number) Baltimore Co. General Hospit. RESIDENCE OF DECEMENT			b. CITY, TOWN OR LOCATION OF DEATN Randallstown			Baltimore	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Baltimor	2	100	TOWN OR LOCAT				Dd. INSIDE CITY LIMITS? YES 2 1 NO
FUNERAL	10-KSTREET AND NUMBER 5 Main Street Apt. 10		101. ZIP CODE 21136			10g. CITIZEN OF WNAT COUNTRY? United States		
B	11. MARITAL STATUS 1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 ☐ YES 2 🛣 IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No. 14. RACE -			American Indian, White, stc.	
COMPLETED	(Specify only highest grade completed) Etementary/Secondary (0-12) College (1-4 or 5+)			BUAL OCCUPATION to do during modelired.)	DN st of working	18b. KIND OF BUSINESS/INDUSTRY Consoladated Engineer		
OMF	12 years 17. FATHER'S NAME (First, Middle, Last)		Drafts	llati	16. MOTNER'S NAI	ME (First, Middle, Maider	Engineer (
ш	Charles Oliver Hazard	Sr.			Eva	Elsie Stu	irgeon	
TO B	190. INFORMANT'S NAME (Type/Print) Mr. Charles O. Hazard J					ikesville,		3
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Removal from State 4 Donalton 8 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Loudon Park Cemetery Baltimore, MD							
	22, NAME AND ADDRESS OF FACILITY Loring Byers Funeral Home 8728 Liberty Road Randallstown,						MD 21133	
	In PART I. Enter the diseasea, or complications a shock, or haert fellura. List only one of immediate CAUSE (Finel disease or condition resulting in deeth)	hat ceused tha ause on each iii	Te		da of dying, such	has cerdiac or resp	oliratory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF):							
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? CHRONIC CHRONIC CHRONIC COMPLETION OF CAUSE OF DEATH? 24b. WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
N: M	DIXITIE MELLITIES; Antorias elegatio CASO OUR SOULAR DE CASO 20 NO							
PHYSICIAN:		☐ Impatient 2 ☐ ER/Outpetient 3 ☐ DOA 4 ☐ Nursing Name 5 ☐ Rasidence 8 ☐ Other (Specify)						
ВУ	1 Natural 5 Pending 2 Accident investigation (Monti	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At home, farm, street, f			28d. DESCRIBE NOW INJURY OCCURED WORK? 28d. DESCRIBE NOW INJURY OCCURED WORK? 1 YES 2 NO 28f. LOCATION (Street and Number or Rural Route N			ute Number
COMPLETED	4 Homicide determined building, atc. (Specify) City or Town, State)							
OMPL	29e. CERTIFIER (Check only one) 1 CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.							
BE	296. SIGNATURE AND TITLE OF CERTIFIER	RE	2.		29c, LICENSE NUN	02	29d. DATE SIGNED (I	27-96
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF COLOR AND B. CONTACT OF THE PROPERTY OF THE PR	HAR'S AMAGE	D . (E	rint) BOSH	RANDA	USTONE	s wol.	21133

31. DATE FILED (Month, Day, Hear) MAY 2 9 1990

				9	1460		
1 - FOR STATE OF MA		TMENT OF HEALTH AND ICATE OF DEATH	MENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lest) ANTHONY E	BERNARD HAYD	EN, JR.	2. DATE OF DEATH MONTH DAY	2 90	3. TIME OF OEATH		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	6. AGE (In yrs. lest birthday) OZ YRS.	F UNDER 1 YEAR F UNDER 24 HRS, MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1 - 2 4 - 2	THPLACE (State or Foreign			
9a. FACILITY NAME (If not institution, give street and number) RESIDENCE OF DECEDENT		BALTIM DE	WY OR LOCATION OF DEATH 9c. COUNTY OF DEATH XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
10a. STATE 10b. COUNTY Maryland Harford	0a. STATE 10b. COUNTY 10c. CIT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
100. STREET AND NUMBER 3617 Grier Nursery Rd.		101. ZIP CODE 2115	4	10g. CITIZEN OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married IF YES, GIVE WAS	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WARD OR DATES.			WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify: Specify:			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		16b. KIND OF BUSI					
1 2 17. FATHER'S NAME (First, Middle, Lest)	Cab	inetmaker 10 MOTHERS N	Self				
Anthony Bernard Hayden, S	Sr .		NAME (First, Middle, Melden Surneme) e Cordelia Hall				
19a. INFORMANT'S NAME (Type/Print)	- v	ADDRESS (Street and Number or Pure					
Shawn M. Hayden	1772	Red Lion Rd.,	Bear, DE 1	9701			
20e. METHOD OF DISPOSITION 1 Buriel 2 Di Cremetton 3 Removal from State 4 Dollation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or other piace) Green Mount Cemetery Baltimore, MD							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	to	22. NAME AND ADDRESS OF F ROBERT C. AL 6009 Harford	TENBURG FUN Rd., Balit	IERAL HO tmore, M	DME, INC. ND 21214		
23. PANT I. Enter the diseases or complications that shock, or haert failure. List only one cause IMMEDIATE CAUSE (Finel disease or condition resulting in death)	caused the death. Do not be on each line.	RYHTAMV	ch as cardiac or reapir	ratory arreat,	Approximate Interval Between Onset and Death		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other significent conditions contributing to	Part I. 24e, WAS AN / PERFORI	MED?	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
1 YES 2 NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? A DTHER: 26. PLACE OF DEATH (Check only one)							
1 YES 2 NO 1 Winpatient 2	1 VES 2 NO 1 Winpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)						
27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 NJURY OCCURED WORK? 1 YES 2 NO							
3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28b. LOCATION (Street and Number or Rural Route No. City or Town, State)							
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examiners					e(a) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE N	JMBER	29d. DATE SIGN	ED (Mogth, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	E OF OEATH (ITEM 27) (Type	Print) HOSP	ITAL I	BALTIN	1004 MD		

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OH A LINDING PHYSICIAN: The law requires that no bean continued be executed within 1.4 hours after them to the hospital or attentioning physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. For the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Be find within 72 hours after detail with the Page 1 of Health and Mental Hygiene prior to burlat, certainform, removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH . DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN YEAR 90 Hallin 7:50 PM Mary 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTN (Month, Day, Yea 8. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. 03665 DAYS HOURS Maryland 1 M 2 10/17/ 808 9c. COUNTY OF DEATH 9b. CITY. TOWN OR LOCATION OF DEATN alti more DIRECTOR RESIDENCE OF DECEDEN 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO 10f. ZIP COOE **FUNERAL** 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 2817 E. Northern Pkwy 21214 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexicen, Puerio Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried Specify: ВҰ White 3 X Widowed 4 □ Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondery (0-12) College (1-4 or 5+) C&P Telephone Training Representative 8 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Jabez William Hook Elenora Tuttle BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2817 E. Northern Pkwy, Baltimore, MD 21214 Alvin L. Hook 20s METHOD OF DISPOSITION
1 N Buriel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 28c. LOCATION -- City or Town, State Pine Grove EUB Church Cemetery Parkton, MD 5 Other (Specify) 4 Donetion 21. SIGNATURE OF PUNERAL SERVICE LICENSEI 22 KOBERT C. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balitmore, MD PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart eliure. List only one ceuse on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Fine)** disease or condition SEPSIS
DUE TO (OF AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentieily list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 3 NO DF DEATH? 1 | YE6 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 TYES 2 Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Nome 5 - Residence 6 - Other (Specify) 27. MANNER OF OEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident investigation 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 3 Sulcide 8 Could not be determined ED 4 Nomicide ET 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. COMPL (Check only one) 2 MEDICAL EXAMINER: On the beste of examination and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(e) and manner se stated. 29b. SIGNATURE AND TITLE OF SERTIFIER Corner Dibs 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 5/2 MD 190

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) amer Dibs

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND 21203-3146	THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNE MAL LINECTION. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	he thet within 72 hours that death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT II have 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTE			MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest)	forstm	an			2. DATE OF DEATH MONTH DO	/ //	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I	n yrs. lasi birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Copir	MPLACE (State or Foreign stry)	
OR	St. Joseph Hospital Towson Md Baltin								
DIRECTOR	10a. STATE 10b. COUNTY Md. Balti	more		own or Locat				10d. INSIDE CITY LIMITS? 1 YES 2 XNO	
FUNERAL D	100. STREET AND NUMBER 2612 Hillcrest Ave				ZIP CODE 21234	-	USA	WHAT COUNTRY?	
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spi		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	1 1	CE — American Indian, ck, White, alc. 11te	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) Cottege (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor ite. Do NOT use i Electri	k done during mo etired.)	st of working	0.000.000	siness/industry		
BE COM	17. FATHER'S NAME (First, Middle, Last) Henry Horstman					ME (First, Middle, Meiden eth Pohl	Surname)		
TO B	196. INFORMANT'S NAME (Type/Print) Ethel C. Horstman					nue Baltim		21234	
	20a. METHOD OF DISPOSITION 1	val from State	PLACE OF DISPOSITE OF KWOOD	May 30	, 1990	Bal	timore,		
	21. SIGNATURE OF FUNERAL SERVICE LICE James F. Glado				ond J. R		305 Harf	ord Rd. 2121	
CERTIFICATION	23. PART I. Enter the diseases, or construction of the constructio	DUE TO (OR AS A	wal an	nyTHm	119	h as cardiac or reap		Approximate interval Between Onset and Death MINUTES 2 3 WIC	
MEDICAL	PART II. Other significant conditions STATUS POST	_	_	the underlying	g cause given in	Part I. 24a. WAS AI PERFO		46. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 PYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO	HOSPDAC:	nations 3 DOA	THER:	ACE OF DEATH (Ch	eck only one) 6 Other (Specify)			
	27. MANNER OF DEATH 1 Platural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ		28d. DESCRIBE HOW	INJURY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	' — At home, farm, atr	eet, factory, offic	•	28f. LOCATION (Street City or Town, State		nl Route Number,	
COMPLETED	(West Comp	CIAN: To the best of my know R: On the basis of examination						e(a) and manner as stated.	
HK.	300 MONATURE AND TUBE OF CONTIFIER		on of si	471182007	29c. LICENSE NU	MBER 873	29d. DATE SIGN	ED (Month, Day, Year)	
2	THE ST C.J. ST	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F		16774, 51	JASEPH	Hosp	Towsen no	
	MAY 2 9 1990 44	32. REGISTRAR'S SIGN							

(1	Anna Page)
46	physician	burial-transit	
1203-31	or attending	ir use as the	
AND 2	the hospital	detached fo	0000
MARYL	retained by	5 should be	a hallflad
LTIMORE, MARYLAND 21203-3146	ath. Page 6 may be retained by the hospital or attending physicial	meral director, page 5 should be detached for use as the bunial-timust	aminer must be notified at once

STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
	CI	ERTIFICATE	OI	F DEAT	"H		REG I	NO

	FOR STATE OF MARYLAND / CE				DEAT			YGIENI EG. NO.	E		
ļ	1. DECEDENT'S NAME (First, Middle, Last) William P. HOLTER, SR.						2. DATE OF I	DEATH DA	žo	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last	t hirtholmal	IF UNDER	VEAD	IF UNDER 2		7 DATE OF B	DIETH		a pieri	11:41 P M
	214-14-7655A 1 √2 1 F 83	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Da	y, Yoar)		Count	(אי
	9a. FACILITY NAME (If not institution, give street and number)	-	9b, CITY.	TOWN C	R LOCATION	N OF DE	Feb.	9, 1		NTY OF D	
Œ	Franklin Sq. Hos.		Rossville Baltin								
6	RESIDENCE OF DECEDENT					E				11011	
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN O								10d. INSIDE CITY LIMITS?
	Md. Baltimore Co.		Whit		zip code				40 - 0/7		1 YES 2 NO
RA		D .		101					10g. CIT	IZEN OF	WHAI COUNTRY?
FUNERAL	11316 N. Lorely Beach		13 V	WAS DEC	211		IC ORIGIN? (S	necity Yes	or No.	A BAG	E American Indian,
	1 Never Married 2 Married IF YES, GIVE WAR OR DATES	Ю	11	yes, sp		, Mexicar	1, Puerto Rica			Blac	k, White, etc.
BY	3 N Widowed 4 Divorced				3/						white
COMPLETED	(Specify only highest grade completed) (Gi	ive kind of	USUAL OC		N st of working		16b. KIN	O OF BUS	SINESS/INC	DUSTRY	
ا ڌ	Elamentary/Secondary (0-12) Coflege (1-4 or 5+)	Do NOT u	Í					Self	0.00	on los	,ad
ME	8 VIS. P	laste	er		18 MOTH	FD'S NA	ME (First, Midd			ihīo	yeu
	William J. Holte:	r			No. moiii		garet				
BE			ADDRESS	(Street a	nd Number o		loute Number,			o Code)	
임	Carolyn Foley	8	12 S.	Uni	ion A	ve.	Havre	de 0	Grace	e. Mo	d. 21078
	20e. METHOD OF DISPOSITION 1 National 2 Cremetton 3 Removal from State 20b. PLACE 20br Ph	OF DISPO	SITION /Na	me of cer	netery creme	story or					own, Stata
	4 Donallon 5 Other (Specify)	Step	hen	R. 0	C. Ch	. Ce	em.	E	Brads	shaw.	, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. 1	NAME AN	O ADDRES	S OF FAC	CILITY	.E.La	assah	n Fi	uneral Home
	Medigin I Casalin TV		I	1750	Bela	air	Rá. K	inasi	ille	Md.	21087
	23. PART I. Enter the diseases, or complications that caused the de shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute Myocard Due to (OR AS A CONSECUTION OR AS A CO	ial]	Infar			ig, suci	as cardiac		Tatory ar		Approximate Interval Batween Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
	PART II. Other significant conditions contributing to death but not i	resulting	in tha un	dariyin	g cause g	iven in	Part i. 24	a. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL	Diabetes Mellitus						_ 1	YES 2	Y		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF OE	ATH (Ch	eck only one)				
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpution 2 ER/Outpution 3	DOA	OTHER		e 5 Res	sidence	8 Other (S	pec/fv)			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	28b. TII		28c. IN.	IURY AT ORK? YES 2		28d. DESCR		NJURY O	CURED	
	3 Suicide S Could not be defarmined 28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm,	street, fact	ory, offic	•			ON (Street lown, State)		er or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, de cone) 2 MEDICAL EXAMINER: On the basis of axamination and/or										(a) and menner as stated.
O I	290. SIGNATURE AND TITLE OF CERTIFIER				29c. LICE	NSE NUI	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
38 0	Juli Jaldy huy								05	5/23	/90
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TTE										
	Julio Ruiz, M.D. 9000 F	rank	clin .	Sq.	Dr.,	Bal	to. 2	1237			
F 8125	MAY 2 9 1990 Stille Devidon Andel	5.									DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the fun be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exa

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89

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permit. Pages 1, 2, 3 should

for use as the burial-transit

detached

funeral director, page 5 should be

completely filled in by the cremation, or removal

the attending physician and con Mental Hygiene prior to burial,

and t

een signed of Health a

certificate has be the State Dept.

death with t

DIRECTOR: ,

THE FUNERAL D

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7.0. DOA	law requires that the death certificate be executed within 2
_	death
Ď	the
2	that
HECORDS,	requires
	MB
4	The
OF VIIAL	G PHYSICIAN:
DIVISION	OSPITAL OR ATTENDING
5	OR
_	OSPITAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MAY 1990 **JOHNSTON** 4:30 PM BENJAMIN Ρ. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign JUNE 2, DAYS 1 X M 2 - F YRS. 1919 235-16-7305 WEST VIRGINIA 70 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH DIRECTOR 5521 WHITBY RD. BALTIMORE 10c. CITY, TOWN OR LOCATION 10a STATE 10b. COUNTY 10d. INSIDE CITY 1 X YES 2 NO BALTIMORE MARYLAND 10g, CITIZEN OF WHAT COUNTRY? FUNERAL 10. STREET AND NUMBER 10f. ZIP CODE 21206 U.S.A. 5521 WHITBY RD 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 Y YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 11 MARITAL STATUS 1 Never Merried 2 Merried 1 ☐ YES 2 ¥ NO Specify: В 3 Wildowed 4 Divorced WW WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) 8 ELECTRICAL INSPECTOR AUTO MANUFACTURE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) (UNKNOWN) notified at (UNKNOWN) BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 33B MOPEC CIRCLE BALTIMORE MD. 21236 SHIRLEY STEAGAL pe 20s. METHOD OF DISPOSITION

1 M Burlet 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must PARKWOOD 5/30/90 BALTIMORE MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BALTIMORE MD. 21214 DENNIS CAPITANO Lannis U Capitan LEONARD J. RUCK INC. 5305 HARFORD RD. the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate ehock, or heert fellure. List only one cause on each line. Interval Retween Onset and Death IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) event, DUE TO (OR AS A CONSEQUENCE OF): shows any injury, or other traumatic CERTIFICATION Sequantielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated evente resulting in death) LAST obstructive 2015 Y0710 PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AMAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 Inpetient 2 I ER/Outpetient 3 I DOA g Home 5 Residence 8 - Other (Specify) 5 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. DEŞCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY is marked, 1 Natural 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide IMPORTANT: If Item 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 0 L2 5 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Jula Lavidson Bondalle

32. REGISTRAR'S SIGNATURE

Louis 31. DATE FILED (Month, Day, Year) renzer MID.

to 21

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and ompletely filed in by the funeral director, page 5 may be retained by the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

R ATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
GISTRAR	CERTIFICATE OF DEATH R	EG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICATION			MENTAL HYG			7010
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	N DAY	3. TIME OF	DEATN
	ROSE	MARIE KA	RMANN			May 23	1990	1:30	Ам
	4. SOCIAL SECURITY NUMBER 5	5. SEX 6. AGE (In yrs. leat birthday) IF UN	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTI (Month, Day, Ye	1	8. BIRTNPLACE (State Country)	e or Foreign
	214-38-0894 1 9a. FACILITY NAME (If not institution, give stree	M 2 F	Mar 14,	1940	Maryland	1			
FUNERAL DIRECTOR	3005 Scotch Court		33.0		r location of de			arkord	
E I	10e. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCAT	ION			10d. INSIDI	ECITY
9	Maryland Har	ford	Ab	ingdo	n			1 X YES	
AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITI	ZEN OF WHAT COUNT	TRY?
<u> </u>	3005 Scotch Court				21009			USA	
BY FUI	11. MARITAL STATUS 1 ☐ Never Merried 2 ☐ Merried 3 ☐ Widowed 4 ☑ Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN polity Cuban, Mexicar 2 X NO Specify	n, Puerto Rican, etc		14. RACE — America Black, White, etc. Specify: White	
	15. DECEDENT'S EDUCAT	TION	16a. DECEDENT'S USUAL	OCCUPATION	N.	16b. KIND O	BUSINESS/IND		
Ē	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of work do life. Do NOT use retire	ne during mo d.)	st of working				
절	12		Legal Sec	retar	y	Lo	w Firm		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NAI				
BE	John Lombardi 190. INFORMANT'S NAME (Type/Print)					a Rotolo			
2	Michael C. Karmani	12	19b. MAILING ADDR		nd Number or Rural R Cowrt,			21009	
	200. METHOD OF DISPOSITION 1 Disposition 3 Remove	20h	PLACE OF DISPOSITION	(Name of cer	seleny crametory or			City or Town, State	
	1 Q Burial 2 Cremation 3 Remove 4 Donation Specify)	Du Du	laney Valle	ey Mei	n. Gdns		Timoniu	um, MD	
	21. SIGNATURE OF POHERAL SERVICE LICEN	ISEE		22. NAME AI	D ADDRESS OF FAC	FNRURG 1	UNFRAI	HOME, IN	IC.
	A Genge	Alter						, MD 212	
	23. PART i. Enter the diseases, or cor ahock, or heart fallure. Lis	nplications that cause	ha daath. Do not an					est, Appr	roximate vai Between
	IMMEDIATE CAUCE (FInal							Onse	et and Death
J	disease or condition	Acte H DUE TO (OR AS A	epatic F	ailur	2 2°	to M	etastat	1c 2	Weeks
_			Carcin						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	م امر				<u> </u>	-
₹	cause. Enter UNDERLYING CAUSE (Disease or injury								
	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
뜅	d.								
AL	PART II. Other aignificant conditions	contributing to death b	ut not resulting in tha	undarlyin	g cause given in	Part I. 24a. W	S AN AUTOPSY REORMED?	246. WERE AUTO	
							ES 2 YNO		N OF CAUSE
ME						_		1 TYES	2 1 NO
PHYSICIAN: MEDIC									
2		HOSPITAL:	ОТН	IER:	ACE OF DEATH (Che				
HYS	27. MANNER OF DEATN	28e. DATE OF INJURY	28b. TIME OF	_	e 5 🖫 Residence	6 U Other (Specif) 28d. DESCRIBE N		CURED	
<u>-</u>	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WC	RK? YES 2 NO	200.0200000		JOILE	
) BY	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	At home, farm, street,	factory, offic				or Rural Route Numbe	¢
TE	4 Nomicide determined	building, etc. (Spec	ану)			City or Town,	State)		
7	29e. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my know	ledge, death occurred at ti	he time, data	and place, and dua	to the cause(a) an	d manner aa stat	ed.	
COMPLETED	one) 2 MEDICAL EXAMINER:	On the basis of examination	n and/or investigation, in n	ny opinion, o	eath occured at the	time, date and ple	ce, and due to th	e cause(a) and mann	or as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	V 11 N	10		29c. LICENSE NUN		29d. DAT	E SIGNED (Month, Day	(Year)
6	Es beth on b	Hee, I	(. D.		MD 038	653	> 5	124/90	
	30. NAME AND ADDRESS OF PERSON WHO		ATN (ITEM 27) (Type, Print)	N. W	olfe St	root a	Himore	, MD 21	205
	31. DATE_FILED (Month, Day, Year)	32. REGISTRAR'S SIGN				0	C1112101C	,	
	MAY 29 1990 de	1. K	2.00						
_		A HOUSE HOUSE ASSESSMENT	N. Carrier					D	NMN-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MARY JANE KEMPTON CERTIFICATE OF DEATH REG. NO.
	1. DECEMBETS HAME (FIRST, MICHINI, LIDST) 2. DATE OF DEATH MONTH DAY VEAR 05 25 90 10:55 FAM 1. DECEMBETS HAME (FIRST, MICHINI, LIDST) 2. DATE OF DEATH MONTH 05 25 90 10:55 FAM 1. DECEMBETS HAME (FIRST, MICHINI, LIDST)
E C	4.99-05-4668 1 M 2 F MONTHS DAYS HOURS MIN. S. BIRTHPLACE (State or Foreign Country) S. FACILITY NAME (If not institution, give street and number) S. CITY, TOWN OR LOCATION OF DEATH S. BIRTHPLACE (State or Foreign Country) S. CITY, TOWN OR LOCATION OF DEATH S. COUNTY OF DEATH
25	RESIDENCE OF DECEDENT
DIRECTOR	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
FUNERAL	10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?
JNE	10.5 KENILWORTH AVE. 21204 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN DISCARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Year or No.— 14. RACE — American (ridian,
BY FL	1 Never Married 1 Married 3 Wildowed 4 Divorced FORCES7 1 YES 2 NO If yes, ab-city Cuban, Maxican, Puerto Rican, atc.) 1 YES NO Specify: WHITE
COMPLETED	15. DECEDENT'S EQUICATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY
MPI	12 HOMEMAKER OWN HOME
BE CO	17. FATHER'S NAME (First, Middle, Lest) SAMUEL PRIMM 18. MOTHER'S NAME (First, Middle, Melden Surneme) LOUISE G. COTTY
10	19a. INFORMANT'S NAME (Type/Print) WILLIAM B. KEMPTON 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 105 KENILWORTH AVE. TOWSON, MD. 21204
	20a. METHO'S OF DISPOSITION 1 Burlat 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) CREMATORY BALTIMORE, MD 21202
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4905 YORK ROAD 21212
	H.W. JENKINS AND SONS CO. BALTO, MD.
	23. PART i. Enter the diseases, or complicatione that caused the death abook, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS/A CONSEQUENCE OF):
NOI	Sequentially list conditions, If any, leading to immediate OUE TO (OR AS/A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
ICAT	CAUSE (Disease or Injury
CERTIFICATION	that initiated evants resulting in deeth) LAST d
CAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PRIDINGS ANALIBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 UPS 2 UNO 24b. WERE AUTOPSY FINDINGS ANALIBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
I: MEDI	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HQSPITAL: OTHER:
YSIC	1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED
0	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the bests of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)
	31. DATE FILEO (Month, Day, Year) A TO THE CHIEF AR'S SIGNATURE
1	litti mara (

)

Pages 1, 2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE

	HEGISTRAH									HEG. NO.		
	1. DECEDENT'S NAME (First	, Middle, Last)			741					DATE OF DEATH		3. TIME OF DEATH
	EDMA VDEHO	TNICED								ARV AC		
	EDNA KREUS							I		1AY 19		
	4. SOCIAL SECURITY NUMBER	SEH	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER	DAYS	IF UNDER 24 H	IRS. 7. D	Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)
	215-01-298	3.0	1 🗆 M 2 🖵 F	8 -	YRS.		the contract of	noons =		01/05/0	25	м D
	9a. FACILITY NAME (If not in		treet and number)			9h CITY	TOWN C	OR LOCATION (OF DEATH	017017	9c. COUNTY (
-			,									
Unecion	North A	runde	1 Hospi	ital			G	len B	urni	Le l	Anne	Arundel
5	RESIDENCE OF DEC	CEDENT	The Manager of the									
ا لِا	10a. STATE	10b. COUNTY	Υ		10c. Cl	ry, town o	R LOCAT	TION				10d. INSIDE CITY
₹	MD.	Anne	Arunde	3 T		Glen	B 11	rnio				1 X YES 2 NO
. I	10e. STREET AND NUMBER		ALGIIG	- 1		Gren		. ZIP CODE				OF WHAT COUNTRY?
3	100, STREET AND NUMBER						101	. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
ב ב	7606 Sto	I wan	Jiou Dri	37.0				210	61		TT	S.A.
5	11. MARITAL STATUS		12. WAS DECEDEN		U.S. ARMED	13. \	MAS DEC	ENDENT OF H	ISPANIC OI	RIGIN? (Specify Yea	or No.— 14. I	RACE — American Indian.
ĭ	1 Never Married 2	Married	FORCES? 1			- -	f yes, sp	ecify Cuban, M	laxican, Pu	arto Rican, etc.)	- 1	Black, White, etc.
-	3 🖫 Widowed 4 🗌 Dive	orced	IF YES, GIVE W	WAR OR DAT	ES	1	YES	2 (A) NO	Specify:			Specify:
5			l .			<u> </u>						White
u I	15. OEC	EDENT'S EDU ly highest grade	CATION completed	1	16a. DECEDENT:	S USUAL OC	CUPATIO	ON est of working		18b. KIND OF BUS	INESS/INDUSTI	RY
ū	Elementary/Secondary (College (1-4 or 5	•)	Ille. Do NOT	ise retired.)	and the	ot or monang	- 1			
MIL		·		' I	TT	1-				D		
ĒΙ	6th Grade				HOIII	emak	e r.			First, Middle, Maiden 3	nestic	
3	17. FATHEN'S NAME (FIST, N	MOONS, Last)						18. MOTHER	'S NAME (rirst, Middle, Maiden :	Surname)	
	John P.	Nieme	eyer					Tin	a Sc	rensen		
9	19a. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS	(Street a	and Number or I	Rural Route	Number, City or Town	, Statu, Zip Code	9 21061
2									_			
	Edward N		rer	_								Burnie, Md.
	20a. METHOO OF DISPOSIT	TION	ouml from State	20b. 1	PLACE OF DISPO	SITION (Na	me of cer	metery, cremator	ry or	20c. LOC	ATION — City	or Town, Stata
	4 Donation 5 Other	r (Specify)	OVER TROM SEELS	_ ``		nn C	0	tonn		Bal:		C:+
	21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE			22	NAME A	ND ADDRESS	OF FACILITY	Y	LIIIOIF	, 1.11 y
	James	Jane do	ni a the	-0-	- S					McCully	7 Fune	eral Home
	James	Fred	lerick H	Hackn	nan Jr	. 3	204	Moun	tair	Road:	Pasac	lena, Md. 21
	23. PART I. Enter the d											
			List only one car			HOL WHILEI	tile illo	de or dying.	, such aa	cardiac or reapi	atory arreat,	Approximate interval Between
	IMMEDIATE CAUSE (FI											Onset and Death
	disease or condition	101	1/00	Traco	61	. Hu	411					pringdicke
	resulting in death)		e	1116-6	ATC PIS	or Clock	7 60	<u> </u>				1,000 may
	resuming in deam)			IOH AS A C	CONSEQUENCE	OF):						
	resulting in death)		DUE TO				1	-				1//
2			MY0	(ND)	TZ 10	for	ter	in				1 how
	Sequentially list condit	tions,	b. Myo	(OR AS A C	CONSEQUENCE	i fyrvi	ter	n				Thow
ALION		- Latera	b. MYO	(OR AS A C	CONSEQUENCE	1 fyrv den:	eter	n				Thow
	Sequentially list condition if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injury)	ING	G				ter	n				Thow
	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disesse or inji that initiated events	ING ury	G		CONSEQUENCE CONSEQUENCE		eter	n				Thou
	Sequentially list condition if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injury)	ING ury	G				eter	n				/how
	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LAS	TING BIT	c. DUE TO	(OR AS A C	CONSEQUENCE (OF):			1 D			/how
	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disesse or inji that initiated events	TING BIT	c. DUE TO	(OR AS A C	CONSEQUENCE (OF):			en in Part	I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO
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SICIAIS: MEDICAL CENTIFIC	Sequentially list condition of the cause. Enter UNDERLY CAUSE (Disease or injustrat initiated events resulting in death) LASPART II. Other signification of the cause of the c	ant condition	d	OR AS A Cook of the cook of th	t not resulting	OTHER	28. Pi	g cause give	TH (Check o	PERFOR 1 YES 2 only one) Other (Specify)	MED?	AMILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN: MEDICAL CENTIFIC	Sequentially list condition of the cause. Enter UNDERLY CAUSE (Disease or injustrat initiated events resulting in death) LASPART II. Other algorification of the cause of the	ant condition	d	OR AS A Cook of the cook of th	t not resulting	OTHER	28. PI	g cause give	TH (Check o	PERFOR 1 YES 2	MED?	AMILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
T PHISICIAN: MEDICAL CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LASPART II. Other significations of the cause of the	ant condition	d	OR AS A Cook of the cook of th	t not resulting	OTHER	28. PI	g cause give	FH (Check o	PERFOR 1 YES 2 only one) Other (Specify)	MED?	AMILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BT PRISICIAN: MEDICAL CENTIFIC	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significations are sequentially significated by the signification of the signification	ant condition TO MEDICAL Pending Investigation	d	e death bu	t not resulting	OTHER	28. PI	g cause give	TH (Check of lence 8 28d	PERFOR 1 YES 2 winly one) Other (Specify) 1. DESCRIBE HOW II	MED?	AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BT PRISICIAN: MEDICAL CENTIFIC	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significations are sequentially significated by the signification of the signification	ant condition	DUE TO d	e death bu	t not resulting	OTHER	28. PI	g cause give	TH (Check of lence 8 28d	PERFOR 1 YES 2 only one) Other (Specify)	MED?	AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BT PRISICIAN: MEDICAL CENTIFIC	Sequentially list conditif any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significations of the cause of the	ant condition TO MEOICAL Pending Investigation Could not be	DUE TO d	ER/Outpel ER/Outpel FINJURY OF INJURY	t not resulting	OTHER	28. PI	g cause give	TH (Check of lence 8 28d	PERFOR 1 YES 2 Other (Specify) d. DESCRIBE HOW II	MED?	AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BT PRISICIAN: MEDICAL CENTIFIC	Sequentially list condition of the cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAST PART II. Other signification of the cause of the	ant condition TO MECICAL Pending investigation Could not be determined	HOSPITAL: 1 Propertent 2 28e. PLACE (building)	e death bu	t not resulting	OTHEE 4 Num ME OF JURY M	28. Pi	g cause give	Check o Chec	PERFOR 1 YES 2 Other (Specify) d. DESCRIBE HOW II LOCATION (Street a City or Town, State)	MED? NO NO NJURY OCCURE	AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
T PHISICIAN: MEDICAL CENTIFIC	Sequentially list condition and life any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LASPART II. Other significations are supported by the condition of the cause of the	ant condition To MEDICAL Pending investigation Could not be determined	HOSPITAL: 1 Tipertent 2 (28e. PLACE (building	e death but the property of any knowled	tient 3 DOA 28b. Ti	OTHER 4 Num	28. PI 3: sing Hon 28c. NA. WC 1 □	g cause give	FH (Check o lence 8 26d HO 261	PERFOR 1 YES 2 Other (Specify) d. DESCRIBE HOW II LOCATION (Street a City or Town, State)	MED? NO NO NO NUMBER OCCURE	AMILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MPLETED BY PHYSICIAN: MEDICAL CENTIFIC	Sequentially list condition and life any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LASPART II. Other significations are supported by the condition of the cause of the	ant condition To MEDICAL Pending investigation Could not be determined	HOSPITAL: 1 Tipertent 2 (28e. PLACE (building	e death but the property of any knowled	tient 3 DOA 28b. Ti	OTHER 4 Num	28. PI 3: sing Hon 28c. NA. WC 1 □	g cause give	FH (Check o lence 8 26d HO 261	PERFOR 1 YES 2 Other (Specify) d. DESCRIBE HOW II LOCATION (Street a City or Town, State)	MED? NO NO NO NUMBER OCCURE	AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL CENTIFIC	Sequentially list condition and life any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LASPART II. Other significations are supported by the condition of the cause of the	ant condition TO MEOICAL Pending Investigation Could not be determined TIFYING PHYS DICAL EXAMINE	DUE TO d	e death but the property of any knowled	tient 3 DOA 28b. Ti	OTHER 4 Num	28. PI 3: sing Hon 28c. NA. WC 1 □	g cause give	IFH (Check o	PERFOR 1 YES 2 Other (Specify) d. DESCRIBE HOW II L. LOCATION (Street a City or Town, State) The cause(a) and men, dete and place, an	MED? NO NO NURY OCCURE Ind Number or R	AMILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BE COMPLETED BY PRISICIANS MEDICAL CENTIFIC	Sequentially list conditif any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAST PART II. Other significations of the condition of the condition of the condition of the cause of the	ant condition TO MEOICAL Pending Investigation Could not be determined TIFYING PHYS DICAL EXAMINE	DUE TO d	e death but the property of any knowled	tient 3 DOA 28b. Ti	OTHER 4 Num	28. PI 3: sing Hon 28c. NA. WC 1 □	g cause give	IFH (Check o	PERFOR 1 YES 2 Other (Specify) d. DESCRIBE HOW II L. LOCATION (Street a City or Town, State) The cause(a) and men, dete and place, an	MED? NO NO NURY OCCURE Ind Number or R	AMILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Note: The completion of the completion of
BE COMPLETED BY PRISICIANS MEDICAL CENTIFIC	Sequentially list condition of the cause. Enter UNDERLY CAUSE (Disease or injusted in that initiated events resulting in death) LASPART II. Other algnification of the cause o	ant condition TO MECICAL Pending investigation Could not be determined TOFFING PHYS DICAL EXAMINED	DUE TO d	ER/Outpet F INJURY OF INJURY of my knowle	tient 3 DOA 28b. Ti	OTHEE 4 Num ME OF HJURY M , street, fact	28. PI 3: sing Hon 28c. NA. WC 1 □	g cause give	IFH (Check o	PERFOR 1 YES 2 Other (Specify) d. DESCRIBE HOW II L. LOCATION (Street a City or Town, State) The cause(a) and men, dete and place, an	MED? NO NO NURY OCCURE Ind Number or R	AMILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Note: The completion of the completion of
MPLETED BY PHYSICIAN: MEDICAL CENTIFIC	Sequentially list conditif any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAST PART II. Other significations of the condition of the condition of the condition of the cause of the	ant condition TO MECICAL Pending investigation Could not be determined TOFFING PHYS DICAL EXAMINED	DUE TO d	ER/Outpet F INJURY OF INJURY of my knowle	tient 3 DOA 28b. Ti	OTHEE 4 Num ME OF HJURY M , street, fact	28. PI 3: sing Hon 28c. NA. WC 1 □	g cause give	IFH (Check o	PERFOR 1 YES 2 Other (Specify) d. DESCRIBE HOW II L. LOCATION (Street a City or Town, State) The cause(a) and men, dete and place, an	MED? NO NO NURY OCCURE Ind Number or R	AMILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Note: The completion of the completion of
BE COMPLETED BY PHYSICIAN: MEDICAL CENTIFIC	Sequentially list condition, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAST PART II. Other signification of the condition of the condit	ant condition TO MEOICAL Pending Investigation Could not be determined TIFYING PHYS DEFINISHMENT TO MEOICAL	DUE TO d	ER/Outpet ER/Outpet FINJURY FINJURY FINJURY FINJURY FINJURY FINJURY FINJURY FINJURY FINJURY	tient 3 DOA 28b. Ti	OTHER 4 Num ME OF LJURY M , street, fact	28. PI 28. PI 29. IN WC 1 Torry, office	g cause give	I'H (Check o	PERFOR 1 YES 2 Other (Specify) d. DESCRIBE HOW II L. LOCATION (Street a City or Town, State) the cause(a) and men o, dete and place, an	MED? NO NO NO NO NO NO NO NO NO N	AMILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Note: The completion of the completion of
BE COMPLETED BY PRISICIANS MEDICAL CENTIFIC	Sequentially list condition of the cause. Enter UNDERLY CAUSE (Disease or injusted in that initiated events resulting in death) LASPART II. Other algnification of the cause o	ant condition To MEOICAL Pending Investigation Could not be determined TIFYING PHYS DICAL EXAMINE OF PERSON WI	DUE TO d	e death but be better but but but but but but but but but but	tient 3 DOA 28b. Ti	OTHER 4 Num ME OF LJURY M , street, fact	28. PI 28. PI 29. IN WC 1 Torry, office	g cause give	I'H (Check o	PERFOR 1 YES 2 Other (Specify) d. DESCRIBE HOW II L. LOCATION (Street a City or Town, State) the cause(a) and men o, dete and place, an	MED? NO NO NURY OCCURE Ind Number or R	AMILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Note: The completion of the completion of
BE COMPLETED BY PRISICIANS MEDICAL CENTIFIC	Sequentially list conditif any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injutant initiated events resulting in death) LASPART II. Other significations of the condition of the cause of t	ant condition TO MEDICAL Pending investigation Could not be determined TIFYING PHYS DEPTIFIED TO HERON WILL TO MEDICAL HOSPITAL: 1 Propertient 2 28e. DATE Of (Month, i.e.) 28e. PLACE obuilding	ER/Outpet FINJURY -, etc. (Specific of my knowled and specific of DEA' 25 HC AR'S SIGNA	tient 3 DOA 28b. Ti	OTHER 4 Num ME OF LJURY M , street, fact	28. PI 28. PI 29. IN WC 1 Torry, office	g cause give	I'H (Check o	PERFOR 1 YES 2 Other (Specify) d. DESCRIBE HOW II L. LOCATION (Street a City or Town, State) the cause(a) and men o, dete and place, an	MED? NO NO NO NO NO NO NO NO NO N	AMILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Note: The completion of the completion of	

22

eli n n

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

ITEMS:23 thru 28f per ME G-664 6-28-90 cm

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			C	ERTIFIC	CATE O	F DEATH	R	EG. NO.		
1. DECEDENT'S NAME (First,		EDUTN		10.17	CITED		2. OATE OF E	26	grean 90	3. TIME OF DEATH
JEFFREY		EDWIN			GHT		3			8:25 A M
4. SOCIAL SECURITY NUMB 220-90-6876		5. SEX 1 XM 2 D F	3. AGE (In yrs. la 27		ONTHS DAYS		7. DATE OF B	1647) 2-62		THPLACE (State or Foreign Mry) RYLAND
9e. FACILITY NAME (If not in						N OR LOCATION OF D	EATH	9c. C	DUNTY OF	
6 Oak Sh	adow (Court			CATON	SVILLE			Bal	timore
MARYLAND	10b. COUNT	LTIMORE			ONSVI					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 5430 WHITLO	CK RO	AD				101. ZIP CODE 21229		1	S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES XX	RMED NO	If yes,	ECENDENT OF HISPAI specify Cuban, Mexica ES XIX NO Specifi	in, Puerto Ricar			CE — American Indian, eck, Whita, atc.
15. DEC (Specify onl	EDENT'S EDU	JCATION e completed)	(1	ECEDENT'S US	rk done during	TION most of working	16b. KIN	D OF BUSINESS/	INDUSTRY	
Elementary/Secondary (0	12)	College (1-4 or 5+)	III	ON WOR	retired.)		UN	IION		
17. FATHER'S NAME (First, M JAMES EDWIN		HT				16. MOTHER'S NA		n, Maiden Surname	,	
19a. INFORMANT'S NAME (1	9b. MAILING A	DDRESS (Stree	et and Number or Rural				
JAMES E. KN	IGHT			5430 W	HITLO	CK ROAD	BALTIMO	RE, MD	2122	9
20a METHOD OF DISPOSIT 14 Durial 2 Crematic 4 Donation 5 Other		noval from Stata		OF DISPOSIT DON PA		cemetery, cremetory or METERY		BALTIM		
21. SIGNATURE OF FUNE LA	e Senvice u	CEMBEE)	4	LER(OY M & RU	SSELL (WITZKE	E FUN	ERAL HOME
23. PART I. Enter the d	ace	llan	uz.	R		DEDMONDS				E, MD 21228
IMMEDIATE CAUSE (Findlesse or condition resulting in death) Sequentially list condit if any, leading to imme	lons,	b	E AND A	EOUENCE OF):		XICATION				Onset and Death
cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	ing iry	c	OR AS A CONSI	EOUENCE OF):						
PART II. Other algnifica	onditio	na contributing to o	leath but not	resulting in	the underly	ring cause given in		NAS AN AUTOP PERFORMED?		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TEXAMINER?	O MEOICAL					PLACE OF DEATH (C	heck only one)			
1 X YES 2 NO		HOSPITAL:		3 DOA		iome 5 🕅 Rasidenca				
	Pending	28a. DATE OF I	y, Year)	28b. TIME INJU	RY	NJURY AT WORK? YES 2 NO		BE HOW INJURY NOWN	OCCUREO	
2 Accident 3 Suicide 8 X	Investigation Could not be determined	28e. PLACE OF	INJURY — At I	home, farm, at	reet, factory, o	ffica	City or To	N (Street and Number)	mber or Rure	I Route Number,
forest any	scitting to the level	SICIAN: To the best of s								e(a) and manner as stated.
ME BIONATURE AND TITLE	е ф сенти	ER III	h	T		29c. LICENSE NU	MBER	29d.	DATE SIGN	ED (Month, Day, Year)
wen	+-	House		0/	Paris and	00	CME	•	5-	27-90
Mario-F.		HO COMPLETED CAUS	- MEL		71	n Street		Baltimo	re.	MD 21201
AN S C 1990 ON	Maria .	32. REGISTRAS	Y'S SIGNATURE		The Section			mark et-otes		TEST OF THE STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIF	ICATE	OF DEATH	1	REG. NO.	7		
1. DECEDENT'S NAME (First, Middle, Last)	GUGGA: 11911 - 11					ATE OF DEATH	W Y	EAR 3	. TIME OF DEATH
	CKSON KELLEY				_		1990 '		7:30 A M
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) YRS.	IF UNDER 1		WIN. (M	TE OF BIRTH onth, Day, Year)		Country)	.ACE (State or Foreign
236-62-0541 9a. FACILITY NAME (If not institution, give s	¹X□ M 2 □ F 73	THS.	01 0171		-	PRIL 1,			VIRGINIA
		13.707.773	96. CHY, 1	OWN OR LOCATION			9c. COUNTY		
NATIONAL NAVA	L MEDICAL CE	INTER		BETHES	DA		MON'	TGOM	ERY
10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION				1	Od. INSIDE CITY
	INGTON		ARL	INGTON				1	YES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE	_		1.05		AT COUNTRY?
6000 N. 16th ST				2220					TATES
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 XYES	2 NO	lf :	AS DECENDENT OF I yea, specify Cuban, I	Maxican, Puar		or No-		– American Indian, White, etc.
3 Widowed 4 □ Divorced	1940 - 19		11	YES 2 NO	Specify:			Specify:	WHITE
15. DECEDENT'S EDU	CATION	16a, DECEDENT'S	USUAL OCC	CUPATION ring most of working		16b. KINO OF BUS	SINESS/INDUS	TRY	
Elamentary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT us	se retired.)	ing most or working					
	5+	U.	S. NA				FENSE		
17. FATHER'S NAME (First, Middle, Last)				7.5		st, Middle, Maiden	Treatment of		
ALBERT JOHN K 19a. INFORMANT'S NAME (Type/Print)	ERN	105 MAILING	ADDRESS	Street and Number or		ENEVIEVE			
J. DAVID KERN				RLY COUR'					F 2
20a, METHOD OF DISPOSITION	20	b. PLACE OF DISPO		e of cometery, cremato		_	CATION — CIT		
1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	etropoli	tan C	rematory		Alex	andria	3 . 37	Δ
21. SIGNATURE OF FUNERAL SERVICE LIC		000012	22. N	AME AND ADDRESS	OF FACILITY			~ / · V·	
1 Title L	House			es-Pearso			mes		
23. PART I. Enter the dieeeses, or o	complications that cause	d the death, Do		Arlington			ratory arres	it,	Approximete
ahock, or heart fallure. IMMEDIATE CAUSE (Finel	List only one cause on e	ech line.							Interval Between Onset and Deeth
disease or condition	EMPHYSE	MΑ							
resulting in death)	0	A CONSEQUENCE O	F):						<u> </u>
Sequentially list conditions,	b								
If any, leeding to immediate	OUE TO (OR AS	A CONSEQUENCE O	F):						
ceuse. Enter UNDERLYING CAUSE (Diseese or Injury	c. OUE TO (OR AS	A CONSEQUENCE O	Fi:						
that initiated events resulting in deeth) LAST			. ,.						
	G							_	
PART II. Other eignificent condition	e contributing to death i	but not recuiting	In the und	erlying cause giv	en in Part i	. 24a, WAS AN PERFOR	AUTOPSY	1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
						1 TES 2	. □ X io		OMPLETION OF CAUSE OF DEATH?
								1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				28. PLACE OF OEA	TH (Charles)	h and			
EXAMINER?	HOSPITAL: 1 Nipatient 2 ER/Out	method 2 DOA	OTHER:						
27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIN	E OF	ng Home 5 Resid		DESCRIBE HOW I	NJURY OCCU	RED	
1 Netural 5 Pending Investigation	(Month, Day, Year)	IN.	JURY M	WORK?	NO				
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm,	street, fecto	ry, office	281.	LOCATION (Street City or Town, State)	and Number or	Rural Ro	ute Number,
4 Hemicide determined	building, att. (ope	ciry)	22			ony or lown, Sieta)			
29a. CERTIFIER (Check only 1) CERTIFYING PHYS	ICIAN: To the best of my know	wledge, death occur	red at the tin	ne, data and place, a	nd due to the	cause(a) and mer	nner as stated).]	
one)	ER: On the beals of examination	on and/or investigation	on, in my op	Inion, death occured	at the time,	deta and place, an	nd dua to the	cause(a)	and menner as stated.
296. SIGNATURE AND TITLE OF CENTERE		1 A		29c. LICENS	SE NUMBER		29d. DATE S	SIGNED (Month, Day, Year)
Trans A. Leo	regiodit,						> 5	125	190
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	a, Print)			AL MEDI		ENTE	R
MARK S. GEORGIA				BETHES	DA, MI	20814-	5011		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG								

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

T. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

MAY 2 4 1990 Section Forder

THE STATE OF THE S

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple filed within 72 hours after death with the State Deot. of Health and Memal Honizane mine in business.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IMPORTAN

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	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 si		
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	and o	pnq o	natic
	Sician	prior t	trau
	ng ph	giene	other
	attendi	rtal Hy	7. OF
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	d paul	afth ar	any
- del	en sig	of He	how
	has be	Dept.	23
	ficate	State	Tem.
200	s certi	th the	d. 0r
	er this	ath wi	narke
	IR: Aft	er dea	2
	RECTO	urs aft	It has 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
3	AL DI	72 ho	If Ite
-	CE.	-	2.0

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR

1. DECEPENT'S NAME (First, Middle, Last)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH

VIOLET	KETFER	2					DC 2	DAY 6	3 YEAR 9. 20A
4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. lest birt	-	UNDER 1 YEAR	IF UNDER 2		7. DATE OF BIRTH	<u> </u>	B. BIRTHPLACE (State or Foreign
215-18-2620	1 M 2 F	56 1	YRS. MO	NTHS DAYS	HOURS	MIN.	(Month, Day, Year)	23	Pennsylvania
9a. FACILITY NAME (If not institution, give s	street and number)		96	. CITY, TOWN C	R LOCATIO	N OF DEA	TH /	9c. COU	NTY OF DEATH
Homewood Hospita	1 Center - S	South		Ba1	timor	e		+	
RESIDENCE OF DECEDENT					7.10			_	The same same
10a. STATE 10b. COUNT MARYLAND	Y	10		A T TT TAGO					10d. INSIDE CITY LIMITS?
			Б	ALTIMO:					1 X YES 2 NO
10e. STREET AND NUMBER				101	. ZIP CODE			10g. CIT	IZEN OF WHAT COUNTRY?
3430_ROLAND_A						212			USA
11, MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO)	It yes, sp	ecify Cuban	, Mexican,	ORIGIN? (Specify 1 Puerto Rican, etc.)	rea or No—	14. RACE — American Indian, Black, White, etc.
3 K Widowed 4 □ Divorced	IF YES, GIVE WAR OR	DATES		1 TYES	2 [XNO	Specify:			Specify: WHITE
15. DECEDENT'S EDU	JCATION	16a, DECED	DENT'S USI	UAL OCCUPATION	ON		16b. KIND OF E	USINESS/INC	
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give k	kind of work NOT use re	done during mo tired.)	st of working	7			
UNKNOWN	college (F-4 bt 5 +)		WAIT	RESS			RES	TAURAN	VТ
17. FATHER'S NAME (First, Middle, Last)			*******	TCB00	16. MOTH	ER'S NAM	E (First, Middle, Maid		
CHARLES N.	MELLOTT					R	UTH FLOR	ENCE S	SHEARER
19a. INFORMANT'S NAME (Type/Print)		19b. M.	IAILING AD	DRESS (Street I	and Number o		ute Number, City or T		
ELLEN E. HUME		3	3430	ROLAND	AVEN	UE.	BALTO	MD. 23	1211
20a. METHOD OF DISPOSITION		20b. PLACE OF I	DISPOSITI						City or Town, State
1 Donation 5 Other (Specify)				ETERAN	S CEM	ETER	Y CR	OWNSV:	ILLE, MD.
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1		22. NAME A					
1 4 ala	a Seet	h					FUNERAL		07077
23. PART I. Enter the diseases, or	complications that cau	sed the death	. Do not				E. BALT		
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if sny, lasding to immediata ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	um		i po le ca ne	soit	78	sep	sis vill	Interval Betwee
PART II. Other significant condition	d	but not resu	ulting in t	the undarlyin	g ceuse g	lven in P	PERF	AN AUTOPSY ORMEO? 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		0	26. P	LACE OF DE	EATH (Chec	ck only one)		
1 VES 2 NO	Impatient 2 ER/O						☐ Other (Specify)		
27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJUF (Month, Day, Yea		6b. TIME O	Y WO	JURY AT ORK? YES 2		28d. DEŞCRIBE HO	W INJURY OC	CURED
3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, Specify)	, farm, stre	et, factory, offic	:e		26f. LOCATION (Stre City or Town, Str		r or Rural Route Number,
CONDON ONLY	SICIAN: To the best of my kr								nted. the cause(a) and manner as stated.
29b. SIGNATURE AND JITLE OF CERTIFIE	alla 1	10				NSE NUM		10	TE SIGNED (Morith, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF	OEATH (ITEM 2: WO A W. CHA	TO TAPE, PR	130mm	T.	ME	R-SOUT	E, M	02,218
31. DATE FILED (Month, Day, Year) Sul	32. REGISTRAR'S SI	IGNATURE		- -					

DHMH-16 Rev 1/89

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached wal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by fine within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

1. DECEDENT'S NAME (First, Middle, Last) BABY GIRL KATH	ERINE	KANG	9	0				2. DATE O	F DEATH 21DA	19	90	3. TIME OF DEATH 4:55 p.m.
4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 XF	6. AGE (In yrs. les	VRS.	IF UNDER MONTHS	DAYS	IF UNDER	MIN.		F BIRTH Day, Year)		Countr	PLACE (State or Foreign y)
9a. FACILITY NAME (If not institution, give s THE JOHNS HOPKINS	HOSPITA	L				RE C	ITY	EATH		9c. COUNT BALT	TY OF D	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT Mary land 10a, STREET AND NUMBER	Y			y, town o	МОР		E			10e. CITIZ	EN OF V	10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?
7 ¼ N MT T ∩ N 11. MARITAL STATUS (Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDU	12. WAS DECEDED FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AF YES 2 HAR OR DATES	MED NO	11	WAS DEC	ENDENT (pelfy Cube 2XXNO	122 DE HISPAN	NIC ORIGIN? in, Puerto Ri y:	(Specify Yes can, atc.)	or No—	14. RACI Black Speci OR	A American Indian, k, White, etc.
(Specify only highest grade		(G		work done a			ng	100.	and or Bos	WC33/WDC	201111	
17. FATHER'S NAME (First, Middle, Lest) ANDREW KANG							ΜI	SUK				
190. INFORMANT'S NAME (Type/Print) ANDREW KANG			24 N	. M]	LTO	ON A	VE.			RE, N	1D.	21224
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren 4 Donetion 5 Other (Specify)		206. PLACE other pl	lece)	OUNT	CE	EMET	ERY		bal	time	ore	City
21. SIGNATURE OF FUNERAL SERVICE LI	Z.	well										ER, INC. . 21231
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. PRESU DUE TO C. GLADO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	MED GRO (OR AS A CONSE D ENTER	OUP DOUBLE OF TLAV	7 EN: 19: 11.AZ 19: EN721	VEN WEN	OCOCI	CAL	SEP!	SIS/PN VINGI	EUMON		Approximate interval Between Onset and Des
PART II. Other algnificent condition			7			g cause	given in	Part I.	24a. WAS AN PEDFOR 1 YES 2	MED?	241	D. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER	R:			heck only one	,			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE	FINJURY Day, Year) OF INJURY — At h., atc. (Specify)		JURY M	1 🗌	URY AT ORK? YES 2	□ NO	281. LOCA	TION (Street & Town, State)			Route Number,
29a. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of	f my knowledge, d	eath occur	red at the t	lme, date	and plac	e, and due	e to the caus	e(a) and mer	ner an state	od.	

36. NAME AND ADDRESS OF PERSON WHO COMPLETED CALL DEATH (ITEM 27) (Type, Print)

TAN WECHS TO HAS HOPKINS HOSPITAL, 600 N.

31. DATE FILED AGIN, Day,

32. REGISTRAR'S SIGNATURE

JAN WECHS (31. DAVE FILED JAISH), DOS

1 w d. A. William

WORFE ST. PALTMORE, MD

lack Burth

State of Sta

ifter death. Page 6 may be retained by the hospital or attending physician.	r the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho loval.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MICHAEL

MATE FILED (Month Da Phar)

G.

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	1 - FOR STATE REGISTRAR	OF MARYLAND C	DEPARTM ERTIFICA	ENT OF H ATE OF	EALTH AND I		GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH DAY		3. TIME OF DEATH
	CHARLES LAMPM	AN				MAY 2		YEAR	10:40 P.M.
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. la		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI (Month, Day,		8. BIRTHE	PLACE (State or Foreign
	481-05-8826 ¹\\ ™²	□ F 74	YRS.	THS DAYS	HOURS MIN.		25-15		OK
_	9a. FACILITY NAME (If not institution, give street and nur	nber)	9b.	CITY, TOWN C	R LOCATION OF DE	ATH	9c. CO	UNTY OF DE	ATH
[]	MARYLAND GENERAL HOS	PITAL		BAL	rimore c	ITY			
8	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION				10d. INSIDE CITY
DIRECTOR	MD		BA	ALTIMO	RE, MARYI	LAND		2	LIMITS?
	10e. STREET AND NUMBER			101	. ZIP CODE	-	10g. CI	TIZEN OF W	HAT COUNTRY?
E	2301 PENTLAND D	R.			21	.234		U.S	S.A.
FUNERAL	FORCE	ECEDENT EVER INUS. A	RMED NO	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Sp	ecify Yea or No-	14. RACE Black	— American Indian, While, etc.
BY		, GIVE WAR OR DATES		1 TYES	NO Specify	r.	,	Specifi	WHITE
	15. DECEDENT'S EDUCATION	16a. D	ECEDENT'S USU	AL OCCUPATION	ON	16b. KIND	OF BUSINESS/II	NDUSTRY	
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	Give kind of work a. Do NOT use ret	done during mo ired.)	st of working				
린	12		RECTO	R OF	PROGRAM	I L	UNG AS	so.	
8	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA				
BE	LESTER LAMPMAN					CE AS			
2	19a. INFORMANT'S NAME (Type/Print)				LAND DR				21234
	BARBARA GUSTAFSON				DAND DE	. DAL	20c. LOCATION -		
	20a. METHOB OF DISPOSITION 1	State other p	olaca)		CEMETER	XY	BALTI		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				ND ADDRESS OF FA	CILITY			
	181: MY (-)	0	١.	T.T. T7	TENUTNO				AD 21212 ALTO,MD
	23. PART I. Enter the diseases, or compliceti	one that caused the	leath. Bo not o						Approximate
	shock, or heart failure. List only immediate CAUSE (Fine)	one cause on each ilr	10,						Interval Between Onset and Death
- 1	disease or condition	ROBABLE PU	LMONARY	EMBOT	JIS				
	resulting in death) a	DUE TO (OR AS A CONSI			200				
Z	Sequentially list conditions,	BELOW KNEE		ION					
Ĕ	If any, leading to immediate	DUE TO (OR AS A CONSI							1
임	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSI							
CERTIFICATION	resulting in death) LAST								
	PART II. Other significant conditions contribu	sting to death but not	socialting in the	an underdala	a agusa ahun la	Boot i Dan	MAG AN ALTTORS	v 7 245	WERE AUTOPSY FINDINGS
S	TANT II. Other significant conditions continue	ting to death out not	resulting in t	re diluertyiii	g couse given in		PERFORMED?	240.	AMARABLE PRIOR TO COMPLETION DF CAUSE
E0						1	YES 2 X NO		OF DEATH?
PHYSICIAN: MEDICAL						_			1 1 123 2 1 110
IAN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER? 1 YES 2 NO 1 Input	TAL: lent 2 ER/Outpatient		HER: Nursing Hon	ne 5 🗆 Residence	6 Other (Spe	ecity)		
F		DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WC	JURY AT ORK?	28d, OEŞCRIE	E HOW INJURY O	CCURED	
B	2 Accident Investigation				YES 2 NO				
ED	3 Suicide 6 Could not be 4 Homicide determined	PLACE OF INJURY — Al I building, etc. (Specify)	iome, rarm, stree	t, rectory, ome	:0	City or Tox	N (Street and Numi vn, State)	or or Hural H	soute Number,
LET	29a. CERTIFIER 1 CEPTIEVING PHYSICIAN, To the	a freed and man from the state of	leath const	the Hand	Sord olers and dis	la the exact		dedard	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the I) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	- //	-		29c, LICENSE NU				(Mogh, Day, Year)
BE	Wichael)	I Hauses	, um		12022		•	5-/20	6/90
5	30. NAME AND ADDRESS OF PERSON WHO COMPLE	TEO CAUSE OF PEATH (IT	EM 27) (Type, Pri	nt)	1000			1	

c/o MARYLAND GENERAL HOSPITAL

notified at

pe

must

permit. Pages 1, 2, 3 should

2	3	2	4			4	
		de d	86	L	6	2	-

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 -REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR George Milton Lacher May 26, 1990 12:08 AM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday, IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 219-01-2273 3 (¥ M 2 1 F 72 Nov. 18, 1917 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Joseph's Hospital DIRECTOR Baltimore Towson RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 101 Churchwardens Rd. 21212 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married OR DATES 1 TYES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 5+ Dentist Self 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Mathias Lacher <u>Catherine Harman</u> BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mardie M. Lacher 101 Churchwardens Rd., Baltimore. MD 20a. METHOD OF DISPOSITION
1 ☐ Burlal 2 ☐ Cremation 3 ☐ Ramoval from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Green Mount Cemetery 4 Donetton 5 Other (Specify) Baltimore. MD 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSES ROBERT C. ALTENBURG FUNERAL HOME, INC. 6009 Harkord Rd.. Baltimore. MD Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart ellure. List only one cause on each line. 23. P Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition Cardiac Avest resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 THO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 1 XES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 28e. DATE OF INJURY 28c. INJURY AT WORK? 27. MANNER OF DEATH 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 5/26/90 1 YES 2 NO BY 2 Accident 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 8 Could not be determined 60 4 Homicide COMPLET 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 296. SIGNATURE AND TITLE OF CENT 29c. LICENSE NUMBER BE DAVID D38686 Jerrard 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DNO ST. JOSEPH'S WOI Jerrard 32. REGISTHAN'S SIGNATURE 31. DATE FILED (Month, Day, Year)

funeral director, page 5 should be detached for use as the burial-transit examiner iours after death. filled in by the medical 50 the cremation, signed by the attending physician and completely Health and Mental Hygiene prior to burial, crematic executed within event. BOX 13146, other traumatic 10 DIVISION OF VITAL RECORDS, any Shows been x. of h W.B this certificate has be with the State Dept. 23 Hem OR ATTENDING PHYSICIAN: 6 marked, death v 69 DIRECTOR: A hours after d MPORTANT: It item 28 hours FUNERAL D HOSPITAL

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DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nous after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached find within 72 hours after death with the State Dapt, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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6.304 KE 31. DATE FILED (MORTH, PRY 1990)

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

.9b	5-30-90 FilmG663	W.H. Pe	r F/H									9	0-1462
	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND / CE				DEAT		MENTAL	HYGIEN REG. NO.		J 1	0 1402
	1. DECEDENT'S NAME (First, Middle, Last)				7				2. DATE (OF DEATH DA	ly.	YEAR 3	3. TIME OF DEATH
	Rita	W.		McCa	rae	ТТ			5-	22	2-199	30	5:07 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER 2	4 HRS.	7. DATE C	Day, Year)		8. BIRTHPI Country)	LACE (State or Foreign
	216-12-0994	1 🗌 M 2 💢 F	66	YRS.	mon (ha	DATE	HOURS	Britte.		9/19	23	**	timore
_	9a. FACILITY NAME (If not institution, give s			0		, TOWN C	OR LOCATION	N OF DE	ATH		9c. COUN	TY OF DEA	more
6	Manor Care Ross	sville r	wursing	Cer	iter						Do	11 61	more
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN (OR LOCAT	ION		-				IOd. INSIDE CITY
8	Maryland Bal	ltimore			.,								LIMITS?
	10e. STREET AND NUMBER	COLMOIC				101	. ZIP CODE				10g CITIZ		IAT COUNTRY?
FUNERAL	111 Rodeo Circ	110				"		2	1220)			d States
Ž	11. MARITAL STATUS		IT EVER IN U.S. AR	MED	13	WAS DEC	ENDENT OF			(Specify Yee	or No	14 PACE -	American Indian
	1 Never Merried 25 Married	FORCES? 1				If yes, sp	ecify Cuban,	, Mexice	n, Puerto R	icen, atc.)	01110	Black,	- American Indian, White, etc.
ВУ	3 Widowed 4 Divorced	II TES, GIVE	WIN ON DATES			I 🖂 YES	2 X NO	Specify	/:			Specity :	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION COMPONENTS	18e. DE	CEDENT'S	USUAL O	CCUPATIO	DN		16b.	KIND OF BUS	SINESS/INDI	JSTRY	
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5	4)				ast of working					~	
절	11		We	stei	en E	1ec	tric			Elec	ctri	e Co	mpany
Ö	17. FATHER'S NAME (First, Middle, Last)									liddle, Maiden	Sumama)		
BE (Paul Wojcik						Sop.	hia	Gi	za			
10	19e. INFORMANT'S NAME (Type/Print)		1	b. MA:						er, City or Town	n, State, Zip	Code)	
-	John C. McCarde	211	1	11 H	Road	e 0	Circ	1e	Bal	to.,	MD 2	1220	
	20e. METHOD OF DISPOSITION 1 Densition 5 Other (Specify)	oval from State	20b. PLACE other place Sacre	ece)					Com		cation - c		
		CENSEE					ND ADDRES			1 20	TOTAL		1112
	> Flundett	censee a. D	rever	e	I	i11	у &	Zei	ler,	Inc	. Fu	nera	1 Home
	A				1 1	901	Eas	ter	n Ay	renue	Bal	to.,	MD 21231
	23. PART I. Enter the diseases, or shock, or haart failure.	List only one car	it caused tha da use on asch lina	atn. Do I	not antai	the mo	da of dyin	ig, suci	h as card	lac or respi	ratory arre	∌st,	Approximata Interval Batween
	iMMEDIATE CAUSE (Final disease or condition	Co	Adimh	21	\\\\\			12	^^2	7			Onset and Death
	resulting in death)	DUE TO	(OR AS A CONSE	DUENCE O	F):	000	. (31			
z		b. Ath	2 Masc	len	e ti	<	Col	di	1 Vu	500	nho	di	isease
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
윤	CAUSE (Disease or Injury that initiated events	cOUE TO	(OR AS A CONSEC	DUENCE O	Fi:								
E	resulting in death) LAST				•								1
빙		d											
AL	PART II. Other significant condition	a contributing to	death but not r	esuiting	in the u	nderiyin	g cause gi	iven in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA										1 _ YES 2	NO		COMPLETION OF CAUSE OF DEATH?
뿔													1 YES 2 NO
ä													
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	440000					LACE OF DE	ATH (Ch	eck only on	9)			
SIC	1 WES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	4 Nu		ne 5 🗆 Res	idence	6 🗆 Other	(Specify)			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE Of (Month, I		28b, TIN	IÉ OF JURY M	WC	JURY AT ORK? YES 2	NO	28d. DES	CRISE HOW I	NJURY OCC	UREO	
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE (OF INJURY — At ho	me, farm,	street, fac				281, LOC/	ATION (Street	and Number	or Rural Ro	ute Number
COMPLETED	4 Homicide B Could not be determined	building	, atc. (Specify)							or Town, State)			
PL		ICIAN: To the best o	f my knowledge, de	ath occur	ed at the	time, date	end place,	end due	to the cau	se(e) end me	nner sa state	ed.	
ON	one) 2 MEOICAL EXAMINE	R: On the basie of	examination and/or	Investigation	on, in my	opinion, d	death occure	d at the	time, date	end place, en	nd due to th	a cause(e)	and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R		,			29c. LICEI	NSE NU	MBER		29d. DATE	SIGNED (Month, Day, Year)
OB	M. Jer.	(N) 13-	Jan-	m	5		D	82	77	>	D 3	2-5	23-90
12	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	SE OF DEATH ATE	M 27) /Bros	Delege			-			•		

10 14522

THE R. LEWIS CO., LANSING, MICH.

...

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-mours after death. Page 6 may be retained by the bloss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 27 bloss shafe death with the State Debty of Health and Ahmal Hygher prior to brutil, ceremiotal, or remove, and the professional processing the medited evention must be neithfield of page.	TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Deet, of Health and Mental Myglene prior to burial, cremation, or removal.	examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hosp	he funeral director, page 5 should be detached.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or remo
	er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mouns aft

J. ANTA-TUA 31. DATE FILED (MONTH, Day, Year) MAY 2 9 1990 J

32 REGISTRARY SIGNATURES

FOR						_	10 14623			
1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA CERTIFIC			MENTAL HYGIEN REG. NO.	E				
1. DECEDENT'S NAME (First, Middle, Last)	HELL.				2. DATE OF OEATH	YEAR				
4. SOCIAL SECURITY NUMBER		yes, last birthday) If	F UNDER 1 YEAR	IF UNDER 24 HRS.	0.5 2 ·		THPLACE (State or Foreign			
220 14 1875 9s. FACILITY NAME (If not institution, give str	1 M 2 F	SS YRS. MO	DAYS DAYS	HOURS MIH.	12/12/1	904 00	untn§.C.			
Homewood South	set and number)	91		LOCATION OF DE	ATH	9c. COUNTY OF	DEATH			
RESIDENCE OF DECEDENT										
Md .		Bali					10d. INSIDE CITY LIMITS? 1 YES 2 NO			
100. STREET AND NUMBER 2546 W. Laf	ayette Aver	nue	10f.	^{ZIP} ^{COP} 21216	5	10g. CITIZEN O	S.A.			
11. MARITAL STATUS 1 Never Merried 2 Married 1 Never Merried 2 Married 1 Never Merried 2 Married 1 Never Merried 4 Divorced 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS OECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: Black										
15. DECEDENT'S EQUC (Specify only highest grade of	completed)	18s. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mos	N t of working	16b. KINO OF BUS	SINESS/INDUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)	Nurse	00/00./		Heal	th Ine	dustry			
17. FATHER'S NAME (First, Middle, Last)		HULDE		18. MOTHER'S NAI	ME (First, Middle, Meiden					
Dennis	Crosby			Janie		Colemar				
19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Tow					
	cker	3714 PLACE OF DISPOSITI			re. Balto	CATION — City or				
20s_METHOD OF DISPOSITION 19 Surial 2 Cremation 3 Remo 4 Donation 1 Other (Specify)	A:	rbutus			Bal		1d. 21227			
21. SKINATURE OF FUNERAL SERVICE LICE	Mortan		James		cton & So St. Balt		1. 21217			
IMMEDIATE CAUSE /FIRM	omplications that caused to let only one cause on each	ch line.	enter the mod	le of dying, suct	as cerdlec or reap	ratory errest,	Approximate Interval Between Onset and Death			
resulting in death)		CONSEQUENCE OF):								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of):									
PART ii. Other significent conditions	contributing to death bu	t not resulting in	the underlying	cause given in	Part I. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS			
					PERFOF	1	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Chi	ack only one)					
1 TYES 2 NO	28s. DATE OF INJURY	tient 3 DOA 4			8 Other (Specify) 28d. OESCRIBE HOW I	NAIBA OCCUBED				
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	YY WOI		200. OEGONIBE NOW	NJON? OCCURED				
3 Suicide S Could not be 4 Homicide determined	28s. PLACE OF INJURY - building, atc. (Specif)	— At home, farm, atre	set, factory, office		28f. LOCATION (Street City or Town, State)		al Route Number,			
anal	CIAN: To the best of my knowle						se(s) and manner as stated.			
29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUM	IBER (NED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF CEA	TH (ITEM 27) (Time De	rint)	D169		- 3/-	27197			
J. ANJA-RIA-	. HOME WO	son Sau		030:15	(BAL	TIMOVE 213	(1)			

PHYSICIAN:

BY

BE COMPLETED

2

IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	and after death with the State Dept. Or regular and mental righters provide under the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this ce	IMPORTANT: If Item 28 is marked,

4 Homicide

												20	1 4 0	/ lm "
	FOR 1 - STATE	STATE OF N		/ DEPAR					MENTAL		E			
	REGISTRAR			CHIIL	ICATI	E OF	DEAL	п		REG. NO.		_		
	1. DECEDENT'S NAME (First, Middle, Last)								2. OATE OF	DAY	Y	YEAR	3. TIME OF OE	
	MARGARET	H MORSI	BERGER					5/2	3/90			2200		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs.	last birthday)	IF UNDER		IF UNDER 2	-	7. DATE OF BIRTN (Month, Day, Year)			6. BIRTN	IPLACE (State or	Foreign
	217-09-9476	1 M 2 F	89	YRS.	MONTHS	ONTHS DAYS HOURS MIN.			2/4/1901			Maryland		d
	9s. FACILITY NAME (If not institution, give			9b. CITY	Y, TOWN C	R LOCATIO	N OF DE	DEATH 9c. COUNTY OF DEATH						
H	St Agnes Hear			Do	7 4 0	City	. 17.							
DIRECTOR	St. Agnes Host			L Da		-L-L-)	/ WIC	1						
W.	10s. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CIT	TY
<u>=</u>	Md			l Ra	1+0	cit	- 37 m ć	3					NES 2	
۲	10e. STREET AND NUMBER	1		1 116	11	101	V mc				10g. CIT	IZEN OF V	WHAT COUNTRY	?
A.	221	Heath	C+				2122	0.0						
FUNERAL	11. MARITAL STATUS						2123					USA		
5	1 Never Married 2 Married	YES 2	ER IN U.S. ARMEO 13, WAS DECENC 'ES 2 NO If yes, specifi							or No—	No- 14. RACE — American Indian, Black, White, etc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	-		1 TYES	2 NO	Specify.	r:			Spec		
	AA	[White	
E	15. OECEOENT'S EOI (Specify only highest grad	DECEDENT'S (Give kind of	work done	durina mo	DN st of working	,	16b. F	INO OF BUS	INESS/INI	DUSTRY				
Ш	Elementary/Secondary (0-12))	life. Do NOT use retired.)					1						
COMPLETED	4th.Grade		Packer						C.M	.Pi	tts	& Son	S	
	17. FATNER'S NAME (First, Middle, Last) t6. MOTHER'S								ME (First, Mic	idie, Maiden	Surname)			
	Hiram Sullivan							T. i 1	1 1 37			Do	1111ina	
BE	19a. INFORMANT'S NAME (Type/Print)	T V A LI	19b. MAILING ADDRESS (Street and Number or Rural I						11 V Reuling (Route Number, City or Town, State, Zip Code)					
2	Marsa Amaraki	FT . 7 .												
	Mary Annette	CE OF OISPO								City or To	21122			
	N Burial 2 ☐ Cremation 3 ☐ Rar	othe	r place)	-										
	4 Donation 6 G Other (Specify)		_ G1¢	n Ha	ven	Men	oria	1 P	Park	Gle	n_B	urni	e, Md.	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	1 //		22.	. NAME AI	D ADDRES	S OF FAC	CILITY	Bal	to.	Md. 2	21230	
	1 6/2 - 11	7 1/2	10		Mc	~C111	1 v E	'iin o	x - 1				Fort A	3
	23. PART I. Enter the disasses, or	1- // 0	yre	dooth Do										
	shock, or haert feliure	List only one ceu	se on aach i	ine.	not antai	r tha mo	de or dyin	ng, sucr	n as cardii	ic or respi	ratory ar	Test,	Approxi	
	IMMEDIATE CAUSE (Finel												Onset a	nd Dea
	disease or condition recuiting in death)	· RI	GHT 1	CAIR	25	BE	INE	UMO	ONIA					
	recentling in death)	a. R	(OR AS A CON	SEQUENCE C	OF):		7							
_	_									TP a	200	41.6	>	
ō	Sequentially list conditions,	DUE TO	(OR AS A CON	SEOUENCE C	PF):	7 07	T.A.	produce of		~	-	Sec.	-	
AT	If any, laeding to immediate cause. Enter UNDERLYING	200	λ	= D	4		· Voca	1-2 A	, 00	INFA	26	Xu.	_	
윤	CAUSE (Disease or injury that initieted events	c. OUE TO	(OR AS A CON	SEOUENCE O	77 (5 /) PF):		1000	TIC PUT	INC.	1000	THE REAL PROPERTY.	000	M.	
E	resulting in death) LAST										(-	Dept of	
CERTIFICATION		d										-	- or the	dott.
	PART II. Other significant condition	ns contributing to	deeth but no	ot resulting	In the u	nderlyin	g ceuse gi	iven in	Part I.	4s. WAS AN		248	. WERE AUTOPSY	
MEDICAL		ALIZED		_		•				PERFOR	A		AWAILABLE PRIC	
ā	CENER	11160	03/1	TOPTIC	17761	//0			_	1 TYES 2	X NO		OF DEATH?	2
ME									_				1 TYES 2	NO N

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF OEATH (Check only one) HOSPITAL:
15 Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 5 DATE OF INJURY 5: UUPM 28c. INJURY AT WORK?

1 YES 2 YO 28d. DESCRIBE NOW INJURY OCCURED
Subject fell at nursing home 27. MANNER OF DEATN 5 Pending Investigation 2 Accident
3 Suicide

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify Nursing home

281. LOCATION (Street and Number or Flural Route Number, Mell Idian) Nursing Home, 16

29a. CERTIFIER (Check only one)

9b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNEO (Month, Day, Year
Thread aking and		► 5/23/9A

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

8 Could not be

ST. AGMES MISPITAL, 900 CATON AVE, BALTO, MD 21229 PATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

DNMN-16 Rev 1/89

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	-	FOR STATE REGISTR	AR
-	_	ECEDENT'S	MA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			RTIFIC	ATE OF	DEATH	P	REG. NO.				
1.	1. DECEDENT'S NAMW (First Modifie List) William H. Miller, Jr. 2. Date of Death Month 5 / 2 4 / 90								3. TIME	e of death 2:21A	м	
4.	social security number 213-07-9468	5. SEX 6.	77 YRS. FIGURE 1 YEAR IF UNDER 24 HRS. TO DATE OF BIR' (Month, Days) AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. TO DATE OF BIR' (Month, Days) L2—26						Co	RTHPLACE (buntry) Maryl	(State or Foreign and	
16	FACILITY NAME (If not institution, give s Manor Care N.H		9		OR LOCATION OF DE	EATH	9	Balt:	f death imore			
)	esidence of decedent a. STATE 10b. COUNTY Maryland Ba	ltimore			TOWN OR LOCA	TION			ISIDE CITY MITS?			
	a. STREET AND NUMBER 1207 Marywood Co		-	10	1. ZIP CODE 21014		1	OF WHAT CO				
1	. MARITAL STATUS Never Married Widowed 4 Divorced	YES 2 KN	MEO O	EO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No.— 14. RA						hite	_	
17.	15. DECEDENT'S EDU (Specify only highest grade Flementary/Secondary (0-12) 10 years	ve kind of wor Do NOT use		on ost of working ical Lab	16b. KJP Bo							
177	FATHER'S NAME (First, Middle, Last) William Henry Mi	ller, Sr.				18. MOTHER'S NA		dle, Maiden Sui				_
19	Mrs. Helen J. Mi	ller	195			and Number or Rural and Ct. Be			State, Zip Code	ý		
1 1	20a, METNOD OF DISPOSITION 1 Grant Surfal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other Clipsof) 20c. LOCATION — City or Town, so other Clipsof) 1 Grant Memorial Gardens Harford Count											
-	SIGNATURE OF FUNERAL SERVICE LI		Home		22 NAME AND ADDRESS OF FACILITY Home 7401 Belair Rd. Balto Md. 21236							
d s	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielty liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST Onset and Death Onset and Death Onset and Death DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other algnificent condition	e contributing to de	esulting in	the underlying	g cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25	5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	LACE OF DEATH (Ch			1			
	1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetiant 2 I E 2Sa. DATE OF IN (Month, Day,	IJURY	2Sb. TIME	□ DOA 4 □ Nursing Nome 5 □ Rasidenca S □ Other (Specify) 28b. TIME OF					/ OCCURED		
	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29st. LOCATION (Street and Number or in building, etc. (Specify)								d Number or Ru	ırai Route Nu	imber,	
21	one)	ICIAN: To the best of m								use(s) and m	ianner da state	d.
	Pb. SIGNATURE AND TITLE OF CERTIFIE	0 1H3	ml	MO		29c, LICENSE NU	193		DATE SIG		Day, Year)	
30	o. NAME AND ADDRESS OF PERSON W	M. D.	9618 1	lair'	Road	Baltimor	e, Md.			V		
	AAY 2 9 1990	32. REGISTRAR										

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DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF	MARYLAN	ID / DEPAR					MENTAL HYGIEN REG. NO				
	1. OECEDENT'S NAME (First, Middle, Last) Dorothy	G. Mil	ler			-			2. OATE OF DEATH	AY 5	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212 09 7481	5. SEX 1 M X F	8. AGE (In)	yrs. last birthday) YRS.	IF UNDER MONTHS	1 YEAR DAYS	IF UNDER HOURS	24 HRS. MIN.	7. DATE OF BIRTH	.920	6. BIRTH	PLACE (State or Foreign CO. Md.	
OH OH	9a. FACILITY NAME (If not institution, give str Fallston General			alls	ton	ON OF DE	ATH		rfor				
DIRECTOR	nesidence of decedent 10a. STATE 10b. COUNTY Maryland Bal	10c. CITY	10c. CITY TOWN OR LOCATION Upper Falls							10d. INSIDE CITY LIMITS? 1 YES 2 NO			
	100. STREET AND NUMBER 11747 Frankling		101. ZIP CODE 211.56						10g. CITIZEN OF WHAT COUNTRY? USA				
BY FUNEHAL	11. MARITAL STATUS 1 Never Merried 2 Married 2 Wildowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	NT EVER IN U	2 10 HO	1	f yes, spe	ENDENT C	F HISPAN	IC ORIGIN? (Specify Yen, Puarto Rican, etc.)	s or No—		ACE — American Indian, ack, White, atc.	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) Martin Golabieski 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired) Housewife 18. MOTHER'S NAME (First, Middle, Melden Surna Marty Czyzechowi								INDUSTRY					
							OWicz						
90	190. INFORMANT'S NAME (Typo/Print) Ronald Mille:	r, Son	Total line	111	747	Fran	klin	vill		er Fa	lls,	Md. 21156	
	20a. METHOD OF DISPOSITION DO DISPOSITION OF DISPOS		20b. F	PLACE OF DISPOS (the place) (elair M	emor	ial	Gard	ens		elair	, Md	wn, State	
	· pmu x	Bur	dzi	naki		Bruz 1407	dzin Old	ski Eas	Funeral Hotern Ave.	Bal	to.	Md. 2 <u>1221</u>	
										Interval Between Onset and Daeth			
PERFORMED? 1 YES NO. AMAILABLE PRIOR TO COMPLETION OF CALL DF DEATH?													
									X. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	☐ FR/Output	tion 3 DOA	OTHE	R:			eck only one) 6 Other (Specify)				
	27. MANNER OF DEATH 1 Neitural 5 Pending	28a. DATE		26b, TIM	-	28c. INJ WC			26d. DESCRIBE HOW	INJURY O	CCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE buildin	28s. PLACE OF INJURY — At home, farm, street, factory, offi- building, etc. (Specify)					fice 281. LOCATION (Street City or Town, State,			and Number or Rural Route Number,)		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE								to the cause(a) and m			s) end manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED 30, NAME AND ADDRESS OF PERSON WH	1 7 3	M	m	(Derlant)		29c. LIC	ENSE NU	4354	29d. DA	S/2	5 (Month, Day, Year)	
	31. DATE FILED (Month, Day, Year)	A DA	TAR SHOW	, 230	53	B	150	4 /	y Fall	210	1	M21047	
	MAY 29 1990 gul	A DELIGION									1		

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isft permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

OR ATTENDING PHYSICIAN: The law ru DIRECTOR: After this certificate has bee rours after death with the State Dept. o tem 28 is marked, or item 23 sh	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-train	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.
HE HOSPITAL OR ATTENDING I HE FUNERAL DIRECTOR: After ed within 72 hours after death ORTANT: If Item 28 is man	ed within 72 hours after death	HE FUNERAL DIRECTOR: After	HE HOSPITAL OR ATTENDING I

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTN CERTIFIC			MENTAL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last)	_				2. DATE OF DEATH		3. TIME OF DEATH
WAYNE LINCOLN N	IELD				2. DATE OF DEATH	3 90	5:10 PM
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. [BIRTHPLACE (State or Foreign Country)
215-07-3536	1 M 2 🗆 F	82 YRS.	HINS DAYS	HOURS MIN.	2-20-19		MD.
9a. FACILITY NAME (If not institution, give s	,		CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY	OF OEATH
G.B.M.C6701 N.	CHARLES STR	REET B	ALTIMOR	E. MD 21	204	BALTIN	ORE COUNTY
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	v		OWN OR LOCAT				10d. INSIDE CITY
	MORE COUNTY						LIMITS?
10e. STREET AND NUMBER	MONE COUNTY	I BAL	IMORE	ZIP COOE		100 CITIZEN	1 YES 2 NO
					21210		
1115 WEST LAKE AV	12. WAS DECEDENT EVER I	N U.S. ARMED	13 WAS DEC	FROM NO HISPAN	IIC ORIGIN? (Specify Yea	or No.— 14	RACE — American Indian,
1 Never Merried 2 X Merried	FORCES? 1 YES	2 NO	If yes, sp	cify Cuben, Mexica 2 NO Specifi	n, Puerto Ricen, etc.)		Black, White, etc.
3 Widowed 4 Divorced	IF TES, GIVE WAN ON C	WW II	1 1 123	2 M NO Specify			WHITE
15. DECEDENT'S EDU (Specify only highest grade	CATION	16e. DECEDENT'S US	UAL OCCUPATIO	IN et of working	16b. KIND OF BUS	SINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	tired.)	at or working			
12	2	OWNER V	AN DOF	N POOL	SWIMM	ING PO	OOL BUS.
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melden	Surname)	
HARRY K. NIE	L1)			EDNA	VAN DORN		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural I	Route Number, City or Tow	n, State, Zip Co	de)
FRANCES M. N.					VE.BALTIN		
20e. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Rem	oval from State	b. PLACE OF DISPOSITI other place)	ON (Name of cer	netery, crematory or			or Town, State
4 Donetion 5 Other (Specify)		DRU:		GE CEM			LE,MD.21208
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE N	. /					ROAD 21212
6 desoy 1	M. terk	A me	H.W.	JENKIN:	s and son	is co.	BALTO.MD.
23. PART I. Enter the diseases, os.	complications that cause	d the death. Do not	enter the mo	de of dylng, suc	h es csrdlec or resp	ratory errest	
IMMEDIATE CAUSE (Finel	List only one cause on t	ech line.	1	· 1			Interval Between Onset and Death
disesse or condition resulting in deeth)	. Cardy	Kenal	Tau	lune	,		
resulting in deedily	DUE TO (OR AS	CONSEQUENCE OF	4				
	asperal	un p	nem	(mia	0.		
Sequentielly list conditions, if sny, lesding to immediate	BUE TO (OR AS	A CONSEQUENCE OF	- 1/7	RWHIL	Lale.		
CAUSE (Disease or Injury	- LILOTUI	marie	W	- 0/	The state of the s		
that initiated events resulting in death) LAST	DUE TO (OH AS	A CONSEQUENCE OF):			0		1
	d						
PART II. Other significent condition	ns contributing to deeth	but not resulting in	the underlyin	g ceuse given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
					1 YES :	11	COMPLETION OF CAUSE
							OF DEATH? 1 ☐ YES 2 ☐ NO
					_		
25. WAS CASE REFERRED TO MEDICAL			28. P	ACE OF DEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL: 1 Dinpetient 2 ER/Out		THER:	e 5 🗆 Residence	8 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		OF 28c. IN.	URY AT	26d. DESCRIBE HOW	NJURY OCCUP	RED
1 Natural 5 Pending investigation	(Month, Day, Tear)	INJUR		YES 2 NO	,		
3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stre	et, factory, offic	•	281. LOCATION (Street City or Town, State		Rural Floute Number,
4 Homicide determined	Dunging, etc. (Sp.	эспу)			City or lown, State	,	
29e. CERTIFIER 1 CERTIFYINO PHYS	ICIAN: To the best of my know	wiedge, death occurred	at the time, date	end place, and due	to the cause(e) and ma	nner ee stated.	
anal (Original Artist A							euse(e) end manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	R .	^		29c, LICENSE NU	MBER	29d, DATE S	IGNED (Month Day, Year)
John P. De	airs 11	N		1102	300	15	24/90
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pr	rint)	1000	7.00	-	1110
1 (10/20) 12 125	A . I .					4	
	LVIS MIT	My Dec				*	1
31. DATE FILED (Month, Day, Year)	32. HeriSTHAR'S SIG	NATURE					ſ

FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPAR CERTIF	RTMENT OF H		MENTAL HYGIENE REG. NO.
. DECEDENT'S NAME (First, Midd	fle, Last)				2. DATE OF DEATH
	Frederick		Nardone_		5-22-90
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)

)	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DE	EATH	we	3. 1	IME OF DEATH
	Frederick Thardone						5-22-90 YEAR 6:45AM			:45AM M				
	4. SOCIAL SECURITY NUMBER	525	5. SEX	6. AGE (In yrs. I	st birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS.	(Month, Day, Year) Co.			BIRTHPLA	E (State or Foreign aryland
1	209/20/57		1	0.	у тна.	AL 0177		OR LOCATI	211 05 05	Sept		/		
E O	201 N. Br	oadway		16-0				imore				e. COUNTY	OF DEATH	
5	RESIDENCE OF DEC	10b. COUNTY			T 40 - 017	Y, TOWN (20100	TION					Local	Maine arry
	Maryland	100. COUNTY				lti								INSIDE CITY LIMITS? YES 2 NO
님	10e. STREET AND NUMBER						10	of, ZIP COD	E		1	0g. CITIZEN	OF WHAT	COUNTRY?
E	201 N. Bi	coadwa	ay Apt	16/0				2123	1			U.S.	.A.	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 2 3 Wildowed 4 Divo		12. WAS DECEDED FORCES? 1 IF YES, GIVE V	YES 2 MAR OR OATES	RMED NO W 2		If yes, s			IIC ORIGIN? (Spi n, Puerto Rican,			Black, W?	werken Indien, ite, etc. White
	15. DEC	EDENT'S EDUC	CATION	16a. E	ECEDENT'S	USUAL O	CCUPAT	ION	1	16b. KINO	OF BUSIN	ESS/INOUST	RY	
COMPLETED	Elementary/Secondary (6		College (1-4 or 5	+)	Give kind of to Do NOT u aint	se retired.)	auring m	iost of worki	ng	Pai	inti	na		
ž I	17. FATHER'S NAME (First, M	licicila Laut)			0.1110		_	10 MOT	HED'S NA	ME (First, Middle,				
ŏ			ardone									,	2	
8	19a. INFORMANT'S NAME (9b. MAILING	AOORES	S (Street			ualina Route Number, Ch				
임	Esther		Smit		7506	R	idd	lel A	ve.	Balto	o., 1	Md.	Ž122	4
	20a. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Removal from State Carrison Forest Carrison Forest 20b. LOCATION - City or Town, Other place) Carrison Forest													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			mais.	Mark A. Chojnacki F.H.			1800 H. S	t. E	Lombard Balto, Mo				
z	iMMEDIATE CAUSE (Fit disease or condition reaulting in death)	nal		osis O (OR AS A CONS LC alcoh										Onset and Death
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
IL CER	d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
MEDICAL	DF DEATH?							MPLETION OF CAUSE						
- 1	AR WAS CASE DEFENDED TO MEDICAL													
- 1	25. WAS CASE REFERRED	O MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 26. PLACE OF DEATH (Check only one)											
- 1	EXAMINER?	O MEDICAL			a 🗆 naa			- 771						
- 1	EXAMINER?	TO MEDICAL	1 Inputient 2		_	4 🗆 Nu	raing Ho		≨sidence	6 Other (Spe		IIIBA UCCIIB	ED	
PHYSICIAN:	EXAMINER? XXX ES 2 NO 27. MANNER OF DEATH XXX Antural 5	Pending	1 Inpatient 2		28b. TII	4 🗆 Nu	28c. II	NJURY AT WORK?		6 Other (Spe 28d. DE\$CRIB		URY OCCUR	ED	
ED BY PHYSICIAN:	EXAMINER? XIXINES 2 NO 27. MANNER OF DEATH XIXINES 5 2 NO 2 Accident		1 Inpatient 2 28a. DATE 0 (Month, 28a. PLACE	F INJURY	28b. TII	4 - Nu ME OF JURY M	28c, II V 1	NJURY AT VORK? YES 2			N (Street end			Number,
ED BY PHYSICIAN:	EXAMINER? XXXXES 2 NO 27. MANNER OF DEATH XXI Sture	Pending investigation Could not be determined	1 Inpetient 2 28s. DATE 0 (Month, 28s. PLACE building	F INJURY Day, Year) OF INJURY — At I, stc. (Specify) of my knowledge,	28b. Til IN home, farm,	4 □ Nu ME OF JURY M street, fac	28c. ii 1 ctory, of	NJURY AT WORK? YES 2 [tice	NO NO	28d. DESCRIB 281. LOCATION City or Tow	N (Street end wn, State)	d Number or	Rural Routi	Number,
BE COMPLETED BY PHYSICIAN:	EXAMINER? XXXXES 2 NO 27. MANNER OF DEATH XXI Sture	Pending Investigation Could not be determined	1 Inpetient 2 28s. DATE Of (Month, 28s. PLACE building ICIAN: To the best of ER: On the base of	F INJURY Day, Year) OF INJURY — At I, stc. (Specify) of my knowledge,	28b. Til IN home, farm,	4 □ Nu ME OF JURY M street, fac	28c. ii 1 ctory, of	NJURY AT YORK?] YES 2 [fice Ite end place, death occurrence]	NO NO	28d. DESCRIB 28f. LOCATION City or Rev to the cause(e)	N (Street end wn, State)	d Number or or er ee stated, due to the c	Rural Routi	d manner ee stated.
E COMPLETED BY PHYSICIAN: 1	EXAMINER? XXXES 2 NO 27. MANNER OF DEATH XXItural 5 2 Accident 3 Sulcide 8 4 Homicide 29e. CERTIFIER (Check only one)	Pending investigation Could not be determined TIFYING PHYS DICAL EXAMINE F PERSON WI-	28a. DATE O 28a. DATE O (Month, 28a. PLACE building ICIAN: To the best of ER: On the basis of	FINJURY Dey, Year) OF INJURY — At 1, etc. (Specify) of my knowledge, examination end/	28b. Till IN home, farm, death occur or investigati	4 Nu ME OF JURY M street, fec red at the ion, in my	28c. ii v 1 ctory, off	NJURY AT WORK?] YES 2 [fice ite end place, death occurrence of the control occurrence occurrence of the control occurrence occur	e, end due red at the EENSE NU	28d. DESCRIB 28f. LOCATION City or Rev to the cause(e)	N (Street end wn, State)	or ee stated, due to the c	Rural Route euse(s) en IGNED (Mc	d manner ee stated.

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death, Page 6 may be retained by the hospital or attending physician.	AL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	72 hours after death with the State Dept. of Health and Mental Hyghene pnor to Durial, cremation, or removal.	If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with	IMPORTANT: If Item 28 Is marke

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
AR	CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				GIENE G. NO.		
,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH DAY	YEAR 3.	TIME OF DEATH
,		EDNA P. O	REM			монти 05 2	27 90		M
	4. SOCIAL SECURITY NUMBER	1		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day,		8. BIRTHPL. Country)	ACE (State or Foreign
	220-14-2767 9a. FACILITY NAME (If not institution, give s		7 YRS.		R LOCATION OF DE	09 28	3 02		YLAND
œ			90			AIH	VC. COU		
DIRECTOR	7474 RABON AVENU)E		DUNDA	LK			BALTI	MORE
<u>يو</u> ا	10a. STATE 10b. COUNT		10c. CITY, TO	OWN OR LOCATI	ON	_		10	d. INSIDE CITY LIMITS?
ă	MARYLAND	BALTIMORE	I	DUNDALK				1	YES 2 NO
AL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CIT	IZEN OF WHA	T COUNTRY?
FUNERAL	7474 RABON AVE	ENUE				1222		USA	
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED 2 √√ NO	13. WAS DECE If yes, spe	ENDENT OF HISPANI cify Cuben, Mexican	IC ORIGIN? (Spe n, Puerto Ricen,	cify Yee or No-	14. RACE — Black, V	American Indien, White, etc.
В	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specify:	:		Specify:	WHITE
	15. DECEOENT'S EDU	JCATION	18a. DECEDENT'S USI			16b. KIND	OF BUSINESS/INC		WIILLE
	(Specify only highest grade Elementary/Secondery (0-12)	e completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos stired.)	at of working				- 1
AP.	UNKNOWN		HOUSEV	VIFE					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle,	Meiden Sumame)		
BE (OSCAR FANWELL	J.			LAU:	RA MYEI	RS		
9	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e	nd Number or Rural R	loute Number, Cit	y or Town, State, Zij	o Code)	
	AILEEN SHEARER	1			VENUE, DI				
	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Rem	noval from Stete	other place)			- 1	20c. LOCATION -		
	4 Donation 5 Other (Specify) GARDENS OF FAITH CEMETERY BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE							ARYLAND	
	. / 60	1 -	t (),		AN SEITZ		UNERAL	HOME	
	M. My	an Seil	3 4	3818	ROLAND_A	VENUE,	BALTO.,	MD.	
	23. PART i. Enter the diseesea, or ahock, or heart fellure.	complications that cause List only one cause on a		enter the mod	de of dying, auch	h aa cerdlec d	or reapiratory ar	rest,	Approximeta Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) • ARTERIOSCLEROTIC CARONVASCULIK DIEASE Onset and De							Onset and Death	
	resulting in death)		A CONSEQUENCE OF):	- UIN	130/13001	TIC D	JUTSE		-
,			,						
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						
₹	cause. Enter UNDERLYING CAUSE (Disease or injury	C	_						
티	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):						
H	Teadring III death) Exst	d							-
	PART ii. Other aignificent conditio				ceuse given in		WAS AN AUTOPSY		PERE AUTOPSY FINDINGS
2	ORGANIC	BRAIN	SYNDRO	me			YES 2 NO	C	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
밀									YES 2 NO
ä									
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	eck only one)			
VSI(1 TYES 2 NO	1 Inpatient 2 ER/Out		THER:	e 5 Residence	8 Other (Spe	cffy)		
F	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	RK?	28d. OESCRIB	E HOW INJURY O	CUREO	
2 Accident Investigation									
8	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spe	ecify)	et, factory, offic	'	City or You	(Street and Numbern, State)	or Hural Hou	ne number,
	29e. CERTIFIER								
COMPLETED	(Orlock of it)	SICIAN: To the best of my know NER: On the bests of examination							end menner ee stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIE	-/	4	, op, c			_		
H	BILLY	(7 Vyl	/n_		29c. LICENSE NUM	227	▶ .4	5 /2 9	190
2	30. NAME AND ADDRESS OF PERSON W	/HO COMPLETED CAUSE OF U	EAT OTEM 27) (Type, Pr	rint) _	0000	1		1	15
	7401 05	LER DRI	VE SUI	TE2	02 T	OWS	NW	10 2	1204
	31. DATE FILEO (MOVIETI, Day, Year)	32. REGISTRAR'S SIG	NATURE	28					

BALTIMORE, MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	newsons and approximate the state of the state of the state of the state of the state of the state of
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FINERAL DIRECTOR: After this certificate has been stoned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	TATE OF MARYLAND /		T OF HEALTH AND	MENTAL HYGIENE REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Lest) Barbare	a Lynn Pate			2. DATE OF DEATH MONTH DAY	90 YEAR 3. TIME OF DEATH 12: 32 A. M		
	4. SOCIAL SECURITY NUMBER 2/2-78-4593 9a. FACILITY NAME (if not Institution, give street as	M 2 X F 17	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. Y, TOWN OR LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Year) 02 07 73	8. BIRTHPLACE (State or Foreign Country) Mde		
TOR	817 South Grundy S.		96. CIT	Baltimore (COUNTY OF DEATH		
DIREC	10e. STATE 10b. COUNTY		10c. CITY, TOWN Balte			10d. INSIDE CITY LIMITS? 1. 1 YES 2 □ NO		
FUNERAL DIRECTOR	817 S. Grundy Street	et		101. ZIP CODE 2/224	10g.	CITIZEN OF WHAT COUNTRY?		
BY FUN	1 D' Never Married 2 Married	WAS DECEDENT EVER IN U.S. AI FORCES? 1 ☐ YES 2 Ø F YES, GIVE WAR OR DATES		WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specifi		9— 14. RACE — American Indian, Black, White, atc. Specify:		
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12)	(cleted)	ECEDENT'S USUAL C Give kind of work done DO NOT use retired.) Student	during most of working				
E COMF	17. FATHER'S NAME (First, Middle, Last) James Marlyn Pat	e	Junein	18. MOTHER'S NA Arlen	ME (First, Middle, Malden Sumer e Marie Voelk	me)		
190. INFORMANT'S NAME (Kype/Print) James M. Pate 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 817 S. Grundy St. Balto., Md. 21224						e, Zip Code) Žij		
	20e. METHOD OF DISPOSITION 1 Dispurier 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify)							
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Zeiler	C	name and address of Fi rarles S.Zei	ler & Son Inc	901 S. Conkling St.		
CERTIFICATION	23. PART I. Enter the diseases, or companock, or heart feiture. List of the company of the compa	DUE TO (OR AS A CONSE	EDUENCE OF): MA MU EDUENCE OF): SAY (*)		n as ceruled or respiratory	y srrest, Approximate interval Batween Onset and Death Chows Punntus 2 years		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, W 1 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 VNO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Special Control of the Control						AMAILABLE PRIOR TO		
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ODITAL.		26. PLACE OF DEATH (C	heak only one)			
YSI	1 YES 2 \(\frac{1}{2} \) \(\frac{1}{2} \)	SPITAL: Inpatient 2		irsing Home 5 Residence				
ВУ РН	27. MANNER OF DEÄTH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. OEŞCRIBE HOW INJURY	r occured		
					umber or Rural Route Number,			
COMPLETED	CONTROL ONLY	: To the best of my knowledge, on the basis of examination end/o				es stated. to the cause(e) end manner as ateted.		
BE	266 SIGNATURE AND TITLE OF CERTIFIER	Am.		D 3U	1MBER 29d ▶	DATE SIGNED (Morgin, Day, Year)		
2	STEVEN J.	MPLETED CANSE OF DEATH (IT	EM 27) (Type, Print) 77. MD	PEDIATRIC JOHNS HOPPI	- oncolous us HOSP, led			
	31. DATE FILED (Month, Day, Year) MAY 2 9 1990 Julia	32. REGISTRANDSIGNATORE		- FISS MY LA	BALT.			

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DITAL OD ATTENDIAL DAVEICIAN. The law requires that the death certificate be exercised within 24 by
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AN	D MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIEN REG. NO.	E	
	1. DECEOENT'S NAME (First, Middle, Last) ELEN C.	POWER				2. DATE OF DEATH	96	ar 8:45pm m
	212-07-7962	□ M 2 1 7	B YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTN (Month, Day, Year) OCT. 4, 19	0	SHRTHPLACE (State or Foreign Country) MARYLAND
TOR	9. FACILITY NAME (If not institution, give street St. Agnes Hospital	900 S.Cato	n Ave	Baltim	ore, Md	21229	9c. COUNTY	OF DEATH
DIRECTOR	106. STATE 106. COUNTY Balt	imore	10c, CITY.	CATONSV	PK.			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	240		101	ZIP CODE			OF WHAT COUNTRY?
NE I	1433 : GLBSONWOOD RO	JAD WAS DECEDENT EVER IN	U.S. ARMED	13, WAS DEC	21228	IIC ORIGIN? (Specify Yes		J.S.A. RACE — American Indian.
B	1 Never Merried 2 Merried	FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 ZNO	If yes, spi		n, Puerto Rican, atc.)	9	Black, White, etc. Specify: WHITE
COMPLETED			ilfe. Do NOT use	ork done during mo retired.)		16b. KIND OF BUS		RY
MP	12 17. FATHER'S NAME (First, Middle, Last)		HOUSEWII	FE	10 MOTHED'S NA	ME (First, Middle, Malden	HOME	
BE	SINGLETON DIXON 19a, INFORMANT'S NAME (Type/Print)		105 MAILING	hants) seagan	BESSIE			44)
임	DONALD POOLE, SR.		1433 (GIBSONWO	OD ROAD,	CATONSVILI	LE, MD.	21228
	20a. METHOD OF DISPOSITION 1 X Buriei 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 20b.	PLACE OF DISPOSI	TION (Name of cent EDRAL CE	METERY		CATION — CHY ALTIMOR	or Town, State RE, MARYLAND
	21. SIGNATURE OF FUNERAL BENTYIOE LICENS			LEROY		SSELL C. WI		FUNERAL HOMES
	23. PART i. Enter the diseases, or com shock, or heart failure. List							
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardion DUE TO (OR AS A	controllence of	vy a	rrest			nestand Death
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO OR AS A	farctier	· · · · · · · · · · · · · · · · · · ·				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):							
SERI	resulting in death) LAST		<u> </u>					
AL.	PART II. Other eignificant conditions co	ontributing to death be	it not resulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
4: ME						-		1 TYES 2 NO
ICIA		OSPITAL:		28. PI OTHER:	ACE OF OEATH (Ch	eck only one)		
PHYSICIAN: MEDIC	1 VES 2 ND 16 27. MANNER OF DEATN 1 Netural 5 Pending	Inpatient 2 ER/Output 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	URY AT RK?	6 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci			1 YES 2 NO , office 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Burel Route Number,
COMPLETED	one)	N: To the best of my knowl			-			ause(e) and manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIER	MEDICA	L PETT	DENT	29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Morith, Day Year) 27/90
D_	30. NAME AND ADDRESS OF PERSON WHO	CAUSE OF DEA	St Dan	K7 1402	PITAL	200 CATUR	VAVE	BALTO MO 21229
W	31. DATE FILE OF ALL, Day July	32. REGISTRAR'S SIGNA	ATURE					

DIVISION OF VIAL RECORDS, F.O. BOX 13146,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

0	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Lost) ALBERTHA QUICK 2. DATE OF DEATH MONTH DAY 1990 2 3. TIME 2. DATE OF DEATH MONTH DAY 1990 2	of DEATH						
	4. SOCIAL SECURITY NUMBER 214 - 24 - 6727 1 M 2 F 8. AGÉ (In yrs. lest birthdeij) 1 F UNDER 1 YEAR 1 F UNDER 24 HRS. 7 VRS. 7 VRS. 8. AGÉ (In yrs. lest birthdeij) 1 F UNDER 24 HRS. 7 DATE OF BIRTH COUNTRY) S. BIRTHPLACE (S. COUNTRY) S. CAY	olina						
OR	96. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9c. COUNTY OF DEATH BALTIMORE							
DIRECTOR		SIDE CITY						
FUNERAL	3906 FOR DLEIGH RD 101. ZIP CODE 21215 USA	UNTRY?						
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 5 Married 1 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 WO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Mexican, Puerto Rican, etc.) 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 16. YES 2 NO Specify:	lack						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INOUSTRY							
BE COM	17. FATHER'S NAME (First, Middle, Last) JULIUS JOHNSON 18. MOTHER'S NAME (First, Middle, Meiden Surreme) NETTIE JOHNSON							
TO B	19a. INFORMANT'S NAME (Type/Print) ETHEL LADSON 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3906 FORDLEIGH ROAD BALTO., MD 21	215						
	20e. METHOD OF DISPOSITION 1 X Burfail 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or ACTION — City or Town, State BALTO. MARY							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE LEROY O. DYETT & SON FUNERAL 4600 LIBERTY HEIGHTS AVENUE							
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart fellure. List only one cause on each line.	pproximate sterval Between neet end Daath						
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of):							
ATION	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury b. DUE TO (OR AS A CONSEQUENCE OF): A denocarrow of Stomach With Muls							
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST							
ادا		LE PRIOR TO						
: MEDICA	1 YES 2 NO OF DEAL 1 YES 2 NO NO NO NO NO NO NO	1						
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 No. Published to Medical Publi							
PHYS	27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Vear) 10, Vear) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY							
ED BY	The statural	mber,						
OMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) end manner ee stated.	nner ee stated.						
TO BE CO	29b. SIGNATURE AND TITLE OF CENTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month,	Day, Year)						

OF PERSON WHO COMPLETED CAUSE, OF DEATH (ITEM 27) (1708, Print)

31. MAY 2"9"1990

MD

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any inju

	ust be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
	examiner m	
OI COLLON	e medical	
TOO DE	the	
	event	
BUILD DOUGH	traumatic	SATION
20110	ther	CERTIFIC
200	0r 0	FR
2010	'n,	ರ

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	ilev			2. DATE OF DEATH	3 19	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1)	yrs. lesi birthdey) IF UN YRS.	IDER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
og B	98. FACILITY NAME (If not institution, give str St. AGNES	tospital	96. G	Altimore (EATH	9c. COUNTY	OF DEATH		
DIRECTOR	10a. STATE 10b. COUNTY	ARI	10c. CITY, TOW	N OR LOCATION	170		10d. INSIDE CITY LIMITS? 1 YES 2 1 10		
FUNERAL	10e. STREET AND NUMBER	CA AVI	5	10f. ZIP CODE 2/04	13	10g. CITIZEN	OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPA If yea, specify Cuban, Maxic 1 — YES 2 — NO Speci	en, Puerto Rican, atc.)	e or No- 14.	RACE — American Indian, Black, White, atc. Specify:		
	15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work de life. Do NOT use retin	one during most of working	16b. KIND OF BU	JSINESS/INDUS	TRY		
COMPLETED	10 - GRADE	Contage (14 of 5 +)	MANAG	ER 16. MOTHER'S N.	AME (First, Middle, Meider	HT Surname)	CO		
띪	HEIZMAN	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Stree					110H		
2	MYRTLE BI	INKE	11036	RAMUILLE	- RD 1	BALT	0 71707		
	20a. METHOO OF DISPOSITION 1 Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State	PLACE OF DISPOSITION other place)	PLAWN C.	EM B	ALTU	CODNTVN		
	21. SIGNATURE OF FUNERAL SERVICE UC	L Weber		22. NAME AND ADDRESS OF F	MD50N	AV	I.WEBER		
TION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	mit	CONSEQUENCE OF:	of Grown	ikis.		Interval Between Onset and Death		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST C. DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other significant condition	a contributing to death b	ut not resulting in the	a underlying cause given in	1 Part i. 24a. WAS A PERFC	N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEATH (C	theck only one)				
IYSI	1 TYES 2 NO 27. MANNER OF DEATH	t //Impatient 2 - ER/Outp		HER: Nursing Home 5 - Residence 28c, INJURY AT	a Other (Specify) 2ad. DESCRIBE HOW	- M. IIIOV 000III	050		
ВУ РН	1 Natural 5 Pending 2 Accident Investigation	(28s. DATE OF INJURY (Month, Day, Year)	INJURY	WORK? 1 YES 2 NO	Zau. DESCRIBE HOW	INJUNT OCCU	AED .		
	2 Accident 3 Suicide 8 Could not ba 4 Homicida 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State)								
COMPLETED	onal!			the time, data and place, and do my opinion, death occured at th					
B E	29b. SIGNATURE AND TITLE OF CERTIFIER	1	plus!	29c LICENSE N	769	29d, DATE S	SIGNED (Month, Day, Yolar)		
10	30. NAME AND ADDRESS OF HERSON WH	O COMPLETEO CAUSE OF DE	ATHY(ITEM 27) (%pe, Print	D \$16 M	. Rollin	a Rd	Bn 10,228		
	31. DATE FILED (Month, Day, Year) WAY 2 9 1990	32 REGISTRAR'S 19	ALERAC		6	/ 6			

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

1 - STATE REGISTRAR GEORGE HOWARD ROE CERTIFICATE OF DEATH REG. NO.							
1. DECEDENT'S NAME (First, Middle, Last)	11		D		2. DATE OF DEATH 5	/26/90	3. TIME OF DEATH
George	Howard	LI LI	K	Je	5 2	9	5 3/30 P m
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	8	BIRTHPLACE (State or Foreign Country)
220-14-0235	1XXM 2 □ F 64	YRS.	MONTHS DA	HOURS MIN.	(Month, Day, Year) 6-5-25	M	IARYLAND
9a. FACILITY NAME (If not institution, give s	,			WN OR LOCATION OF DE	ATH		Y OF DEATH
6300 COLLINSWAY F	ROAD		CATON	ISVILLE		BAL	TIMORE
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	10c CITY	Y, TOWN OR L	OCATION			10d. INSIDE CITY
	TIMORE		TONSV				LIMITS?
10e. STREET AND NUMBER			11011071	101, ZIP CODE		10a. CITIZE	N OF WHAT COUNTRY?
6300 COLLINSWAY F	ROAD			21228	3	U.S.	
11, MARITAL STATUS	12. WAS DECEDENT EVER I			DECENDENT OF HISPAN		or No- 1	4. RACE — American Indian,
1 Never Married 2XX Married	FORCES? 1 X YES			s, specify Cuban, Maxica YES 2 X NO Specify			Black, White, atc.
3 Widowed 4 Divorced							WHITE
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of v	work done durin	PATION og most of working	16b. KIND OF BU	SINESS/INDUS	STRY
Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	SALESM			PADED	PRODU	CTS
17. FATHER'S NAME (First, Middle, Last)		DALEST	77.77.1	16 MOTHER NA	ME (First, Middle, Maiden		010
MASSEY ROE				RUTH A		RSDORF	1
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet and Number or Rural			
GLADYS T. ROE				NSWAY ROAD	CATONSVI		
208 WETHOO OF DISPOSITION	20	PI ACE OF DISPOS	SITION (Name)	of cametary compatony or			ty or Town, Stata
20a, METHOO OF DISPOSITION 1 Al/Aburtal 2 Cremation 3 Removal from State 2 Cremation 5 Other (Specify) DRUID RIDGE CEMETERY PIKESVILLE, MD							
21. SIGNATURE OF FUNERAL SERVICE LIC					CILITY	TOUR E	UNERAL HOME
+ Sinds M	Witcher			ROI FI & RUS 30 EDMONDS			LLE, MD 21228
23. PART I. Enter the diseases, or		d the daath. Do r					
shock, or heart fallure.	List only one cause on a	ach line.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition	Pm	stato	Can	cer			SVK
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF					10112
	b.						
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	F):				
cause. Enter UNDERLYING CAUSE (Disease or injury	c						
that initiated events reaulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	F):				Ì
	d						
PART II. Other significant condition	na contributing to death i	out not reaulting	in the under	riying cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
	Obesith				PERFO	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	J					7	1 TYES 2 NO
					_		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	UOCOLTA:			26. PLACE OF DEATH (Ch	eck only one)		
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	patient 3 🗆 DOA	OTHER: 4 Nursing	Home 5 Residence	8 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY	c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	JRED
1 Natural 5 Pending 2 Accident Investigation				YES 2 NO			
3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJUR building, atc. (Spe		atreet, factory,	offica	261. LOCATION (Street City or Town, Stets		r Rural Houte Number,
200 CERTIFIER							
29a. CERTIFIER (Check only pressure of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
2 MEDICAL EXAMINI	/	on and/or investigation	on, in my opin	ion, death occured at the	time, data and place, a		cause(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	Red Ha-			29c. LICENSE NU	MBER 7	29d. OATE	SIGNED (Month, Day Year)
144610	ning			DISS	00	1 3	12+170
30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF D	TH (ITEM 27) (Type	Print)	To Aus	ast	N	11) 21229
N DATE OF OR OTHER WASHINGTON	22. REGISTRAR'S SIG	/U//	(1.1	110-6	1701/10	3 11/2	1 01001
May Define and and many	==. REGISTRAN S/SIG	MAIORE					

	FOR 1 _ STATE	STATE OF MARYLA	AND / DEPA	RTMEN	r of H	EALTH AND	MENTAL	HYGIEN	E		
	REGISTRAR		CERTI	FICAT	E OF	DEATH		REG. NO.			
!	1. OECEDENT'S NAME (First, Middle, Last)						2. DATE O	F OEATH	AY YE	3. T	IME OF OEATH
	Elizabeth F.	/) IF UNDER	R 1 YEAR	IF UNDER 24 HRS.	May 7. DATE O		1990	BIRTHPLAC	: 30 A ^M E (State or Foreign		
		1 □ M 2 1			DAYS	HOURS MIN.	10	Day, Year) -14-0	2		yland
	9a. FACILITY NAME (If not Institution, give stree		9b. CIT	r, TOWN C	R LOCATION OF D	EATH		9c. COUNTY	OF DEATH		
DIRECTOR	FRANKLIN SQUARE			R	OSSVILLE	G		Ba]	time	ore	
REC	10e. STATE 10b. COUNTY		10c. C	TY, TOWN			1			1	INSIDE CITY LIMITS?
	Maryland Balti	mere			_	arkville	e/Carn	еу	10g. CITIZEN		YES 200NO
FUNERAL	2904 Onyx Rd.			101	21234	1		10.7	USA	COUNTRY?	
5		12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13.		ENDENT OF HISPA			or No- 14.	RACE - A	imerican Indian, ite, etc.
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA				2 NO Spec		Jan, 410.,		Specify:	White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION Impleted)	16e. DECEDENT	"S USUAL C	CCUPATIO	ON at of working	16b.	KIND OF BU	SINESS/INDUS	TRY	
PE	12th grade	Elementary/Secondary (9-12) College (1-4 or 5 +)						Home	making		
MO	17. FATHER'S NAME (First, Middle, Last)	<u>_</u>				18. MOTHER'S N	AME (First, M	iddle, Malden	Sumame)		
BE C	John Hoerner					Franc	es Ha	usner			
TO B	190. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2904 Onyx Rd. Baltimore, Maryland 21234										
	Elizabeth R. Nickl					netery, crematory or			CATION - City		Risto
	1 X Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		Most H	oly R	edee	mer Ceme	etery				ty, Md.
	21, SIGNATURE OF FUNERAL SERVICE LICEN	NSEE				ND ADDRESS OF F					7401
	202	-		2	A55	DHNF	LNEA	AL)	YOME	TUL	Balai -
	23 MRT I. Enter the diseases, or con shock, or heart fellure. Lie			D not ente	r the mo	de of dying, su	ch as card	lec or reep	iratory arres	,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	Codis	1			D 0 0	. +				Onset and Death
ŀ	DUE TO (OR AS A CONSEQUENCE OF):										
Z	disease or condition resulting in desth) e. Con cho junt us non one st DUE TO (OR AS A CONSEQUENCE OF): A three sclenatic conditions, DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING										
윤	CAUSE (Disease or injury that initiated events	DUE TO (DR AS A	A CONSEQUENCE	OF):							_
E	resulting in death) LAST										
- 1	PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
S	PERFORMED? AVAILABLE PRIOR COMPLETION OF (MPLETION OF CAUSE		
E		_		_	1 TYES	ZMINO		DEATH?			
PHYSICIAN: MEDICAL											3 101 10 111
MA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			1		LACE OF DEATH (Check only on)			
SIC		HOSPITAL: 1 ☐ Inpatient 2 X ER/Out	patient 3 🗆 DO	OTHE		ne 5 🗆 Residence	8 🗆 Other	(Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b.	TIME OF INJURY M	W	JURY AT DRK? YES 2 NO	26d. DES	CRIBE HOW	INJURY OCCUI	RED	
) BY	Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, stc. (Spe	Y — Al home, far	m, street, fa	ctory, offic	00		ATION (Street or Town, State	end Number or	Rural Route	Number,
Ĭ.	4 Homicide determined	bunding, atc. (Open	~ny/				J,	, Town, Oldie			
COMPLETED	(Critical Only	IAN: To the best of my know									d manage or stated
8	WEDICAL EXAMINER:	: On the basis of examination	on end/or investig	ation, in my	opinion,			end place, e			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Carrona	1	ME	>	29c. LICENSE N	UMBER	,			rith, Day, Year)
0	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE				201	1 10	.0 1			7 🗸

CASSANEGO

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

6204

KENMOD

BAHIM

XX

12th grade

John Hoerner

zabeth R. Nickles

Housewife

Homeman

Frances Hausner

2904 Onyx Rd. Baltimore, Maryland 21234

Most Holy Redeemer Cemetery Baltimore C.

u - was u- syan

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	CATE O	F DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	.v	YEAR	3. TIME OF DEAT	н
ĺ	GEORGE SCHAUB, JR.						05		"- 90		2:25	рм
			AGE (In yrs. last	birthday)	IF UNDER 1 YEAR		7. DATE (OF BIRTH			IPLACE (State or Fo	reign
1	216-07-1729	ŊM2□F	73	YRS.	MONTHS DAYS	HOURS MIN.		-1916			yland	
	9a. FACILITY NAME (If not institution, give street	and number)	75		9b. CITY, TOW	N OR LOCATION OF DE		-1210	9c. COU	NTY OF E		
DIRECTOR	GREATER BALTIMORE M		ENTER		Towson Baltimon					ore		
Si I	10a. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY	
E	MD. Baltin	nore	-	Tow	son						LIMITS?	NO
7	10e. STREET AND NUMBER				1	10t. ZIP CODE	-		10g. CIT	IZEN OF	WHAT COUNTRY?	
8	8441 PLEASANT PLA	THE DOAL)			21204			II S	. A .		
FUNERAL		WAS DECEDENT E	VED IN H S ADM	IED	13. WAS E	ECENDENT OF HISPAI	NIC ORIGIN	? (Specify Yes		14. RAC	E — American India	ın,
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X IF YES, GIVE WAR VWII	YES 2 NO	0	If yes,	specify Cuban, Mexica ES 2 X NO Specif	nn, Puarto F fy:	tican, etc.)		Spec	k, White, atc. ely: ite	
	15. DECEDENT'S EDUCATION	ON	16a, DEC	EDENT'S	USUAL OCCUPA	ATION	16b.	KIND OF BUS	SINESS/INI		ILE	_
	(Specify only highest grade com	npleted)	/G/v	e kind of v Do NOT us	vork done during	most of working	1000	2.379				
7	8 Years	ollege (1-4 or 5 +)	Pr	ess	man			lewsp	aner	-		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 1 1	. 000	man	18. MOTHER'S NA			_			
Ö	George Schaub, S	Sr				Anna	(,	S	trau	100		
BE	19a. INFORMANT'S NAME (Type/Print)) [•	196	MAILING	ADDRESS (Stra	et and Number or Rural	Route Numi				21204	
2	Regina R. Schauk	^				ant Plai					21204 Maryla	and
	20s. METHOD OF DISPOSITION		_			cometery, cremetory or	.110 1		_		own, State	and
	1 Donation 5 Other (Specify)	from State	other place	ce)		y Mem. G	ar			-	Marylar	
	21. SIGNATURE OF FUNER ALL BERVICE LICENS	BEE /	T Du Lai	ley	22. NAME	ANO ADDRESS OF FA	CILITY					
	SUM.	0/1	/ ///		Wil	liam E.	Johr	ison,	P.A.	Fun	eral Ho	ome
	Milliand	U/c	Rofin			1 Loch R					n,MD212	204
	23. PART i. Enter the diseases, or com shock, or heert fellure. List				not enter tha	mode of dying, suc	ch as card	disc or resp	iratory si	rrest,	Approxim interval B	
ł	IMMEDIATE CAUSE (Finel	70									Onset sno	Death
	disesse or condition resulting in death) s		RESPI	RATO	RY ARRE	ST						
- 1		DUE TO (O	R AS A CONSEO									
Z	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that is liked accessed on the conditions of the											
Ĕ												
ठ												
E	that initiated events resulting in death) LAST	BULL TO TOTAL OUTSECOETTE OF J.										
	d											
DICAL CERTIFICATION	PART II. Other significant conditions of	ontributing to de	eeth but not re	sulting	In the underl	ying cause given in	Part I.	24a, WAS AN		24	b. WERE AUTOPSY F	
5	COM								COMPLETION OF			
MA											1 YES 2	NO
-												
¥	25. WAS CASE REFERRED TO MEDICAL				26	. PLACE OF DEATH (C	heck only of	ne)				
PHYSICIAN:		IOSPITAL:	ER/Outpatient 3	□ DOA	OTHER: 4 - Nursing i	Iome 5 - Residenca	6 🗆 Othe	er (Specify)				
H	27. MANNER OF GEATH	26e. DATE OF IN		28b. TIN		INJURY AT WORK?		SCRIBE HOW	INJURY O	CCURED		
	1 Natural 5 Pending	(Month, Day,	rear)	IIV.		YES 2 NO						
) BY	2 Accident Investigation 3 Suicide 8 Could not be		INJURY — At hor	me, farm,	atreet, factory,	office	281. LOC	CATION (Street	and Numb	er or Rura	Route Number,	
Ë	4 Homicide determined	building, et	ic. (Specify)				City	or Town, State	,			
iu	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the heat of m	u knowledne de	eth occur	and at the time	data and place, and du	n to the co	use(s) and me	oner se et	eted		
COMPLETED	(Check only one) 2 MEOICAL EXAMINER: ((a) and manner as	stated.
ပ္ပ		. 110										
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1.11/0	M			29c. LICENSE NU	IMBER		29d. DA	ITE SIGNE	Dy(Month, Day, Year)	
2	- lance	nes		<u>リ</u>	D. (m)	_1				5/	46/76	/
	30. NAME AND ADDRESS OF PERSON WHO C											
	JANICE L. MILLER,		B.M.C.	670)1 N. C	HARLES ST	REET	TOWS	ON.	MD.	21204	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE	00								

DHMH-18 Rev 1/89

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MO 21047

DHMH-16 Rev 1/89

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OF VITAL RECORDS, P.O.	
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000000000000000000000000000000000000000	CTOR	after	item 28 is marked, or item 23 shows any
5	DIRE	hours aft	item

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH MONTH DAY 90 YEAR JOSEPH 12 SCELS! 11.139 4 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 217-12-0506 1X420F MONTHS DAYS 68 Maryland 03-02-22 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ER PALLSTON GENERAL HOSP FALLSTON DIRECTOR HARROND RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE MD 1 XYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? ANTHONY AUE 5205 21206 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—
If yes, specify Cuben, Mexican, Puerto Ricen, stc.)
1 YES 2 N NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ♥ YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Merried Specify BY 3 Widowed 4 Divorced WWII WHITE ED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 18h KIND OF BUSINESS/INDUSTRY Ш Elementary/Secondary (0-12) 8 Yrs. College (1-4 or 5+) COMPL Bethlehem Steel Inspector 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Mary Manzella Salvatore Scelsi BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary R. Scelsi 5205 Anthony Ave., Balto., Md. 21206 20s. METHOD OF DISPOSITION

1 Y Burlet 2 Cremetion 3 Removal from State
4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Holy Redeemer Cemetery 5-29-90 Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Roy H. Cather Leonard J. Ruck, Tnc., 5305 Harford Rd.,
23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 Approximate shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Fine) disease or condition resulting in desth) CARCINOMA LUNG 1 th DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentisity itst conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING **CAUSE** (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24a, WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? METASTATIL BRAIN 1 YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 Inpetient 2 DER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 26d. DEŞCRIBE HOW INJURY OCCURED 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 Natural M NA 1 YES 2 NO 10 B 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 6 Could not be COMPLETED 4 Homicide /A 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurad at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TIPLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE janish at his MAY 25 1990 D 21809 2

4-PRASHU 1810 BELAIR MY #102 FALLSTON 32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31, DATE FILED (Month, Day, Year) MAY 29 1990

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IDING PHYSICIAN: The law requires that the deam certificate be executed within 4 nouts are learned by the Tospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 deep the State Dept. of Hential had Mental Hyglete prior to burial, cremation, or removal. **Marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	OSSPIAL DR ATTENDING PHYSICIAN: The law requires UNEFAL DRECTOR: After this certificate has been sign within 72 hours after death with the State Dept. of Heal XAIT: It leam 28 is marked, or Item 23 shows.
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31. DATE FILED (Month, Day, Year)

F. Nazemi

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Church Hospital

Bookell

32. REGISTRAR'S SIGNATURE

MD.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 12 8-20Pm Nathaniel Stokes Jr. 90 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 08-04-50 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 F 39 218-48-0053 Md 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Church Hospital Corporation Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Md. 1 X YES 2 NO Baltimore City FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? USA 718 N. Port St. 21205 14. RACE — American Indian, Black, White, stc. 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Merried Black ВУ 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Unemployed 12th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Morton Stokes, Sr. Louise Nathaniel 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

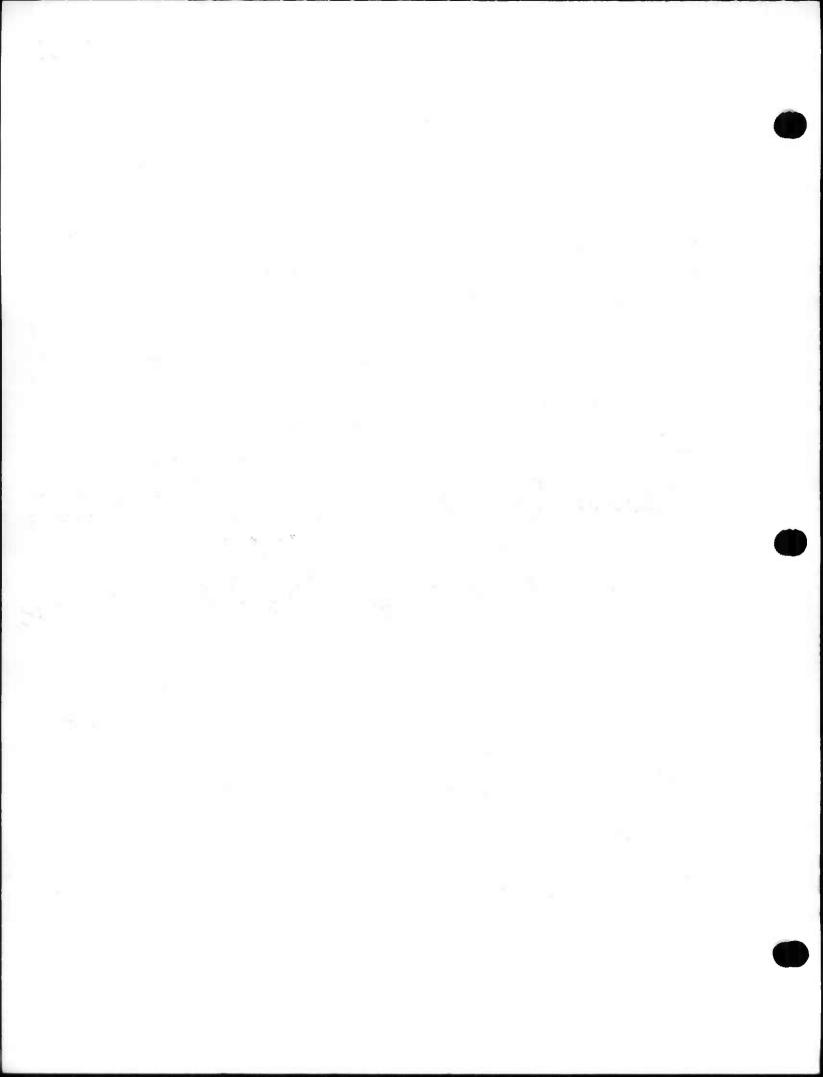
2 2 2 0 5 19e. INFORMANT'S NAME (Type/Print) 2 718 N. Port St. Balto., MD Louise Stokes 20a. METNOD OF DISPOSITION

X X Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Baltimore Cemetery Baltimore 4 Donellon 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1101 E. North Avenue due March F/H O Warre 23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heert feliure. List only one cause on each line Interval Between **Onset and Deeth** IMMEDIATE CAUSE (Fine) disease or condition 12nm(NAL CA - of Lung
DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 24b. WERE AUTOPSY FINDINGS PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 27. MANNER OF DEATN 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВУ 2 Accident investigation 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be datermined COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER BE Norzem'

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, T.C. BOX 13145,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TIA LO NOISIAIO	TO THE HOSPITAL OR ATTENDING PHYSICIAN: T	TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the Stat	IMPORTANT: If item 28 is marked, or ite

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last)				. DATE OF DEATH		3. TIME OF DEATH		
	JOHNNIE L. SLACUM				05 25		6:59 P w		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest bin			DATE OF BIRTH	8. BIRTI	HPLACE (State or Foreign		
	217-40-8878 1⊠ № 2 🗆 ғ	47	YRS. MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 11-08-42	M A F	RYLAND		
	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN O	R LOCATION OF DEAT	Н	9c. COUNTY OF	DEATH		
DIRECTOR	North Arundel Hospital		Glen B	urnie, Ma	ryland	Anne Ar	undel		
#	10a. STATE 10b. COUNTY	10	DC. CITY, TOWN OR LOCAT	ION			10d. INSIDE CITY		
	MARYLAND ANNE ARUND	EL	PASADE	N A		10g. CITIZEN OF	1 🗌 YES 🛣 NO		
FUNERAL	9212 FORT SMALLWOOD R	OAD		21122		S.A.			
		NT EVER IN U.S. ARMEE		ENDENT OF HISPANIC		or No- 14, RAC Blac	E — American Indian, ik, White, atc.		
1 Never Married 2 Married FORCES? 1 YES 2 TOO If yes, specify Cuben, Maxican, Puerto Rican, etc.) Blac Specify Cuben, Maxican, Puerto Rican, etc.) Specify: Specif							WHITE		
	15. DECEDENT'S EDUCATION	16a. DECED	J DENT'S USUAL OCCUPATION	PN .	18b. KIND OF BUS	I INESS/INDUSTRY			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	(Give i	sind of work done during mo- NOT use retired.)	st of working					
립	12 th grade ves		ONAL SECU	RITY ADM	MIN., DE	FENSE,	FT. MEADE		
중	17. FATHER'S NAME (First, Middle, Last)				(First, Middle, Maiden S				
ш	JOHNNIE H. SLACUM			VIRO	GINIA (LANKFO	ORD)		
0 8	19a, INFORMANT'S NAME (Type/Print)	19b. M	AILING ADDRESS (Street a	nd Number or Rural Rou	ite Number, City or Town	, State, Zip Code)			
-	MRS. PATRICIA SLACUM		SAME AS 1	0 a-f					
1 1	20a. METHOD OF DISPOSITION 1X_Neurial 2 Cremation 3 Removal from State	other piece)				CATION — City or T			
	4 Donation 5 Other (Specify)	<u> </u>	ESTER MEM	ORIAL PA		RIDGE,	MARYLAND		
1	21. SIGNATURE OF FUNCTIONE SERVICE CHECK		McCUL	LY FUNE	RAL HOME				
Н	share sal	leigh					A,MD 21122		
	23. PART I. Enter the diseases, or complications the shock, or heart fellure. List only one cannot be shocked in the shock of the shock	use on each line.				ratory arrest,	Approximate interval Between		
	IMMEDIATE CAUSE (Fine) disease or condition		E MYOCARD		RCTION	ert	Onset and Death		
	resulting in death) s. DUE TO (ORI AS A CONSEQUIENCE OF): ### DOMESTO CONSEQUIENCE OF):								
Z	Sequentially list conditions, Due to down as a consequence on								
١ĕ١	If any, leading to immediate cause. Enter UNDERLYING	O (OW AS A COMSEQUE	HCE OF Gene	raliz	ed le	rtery	vaclerosi		
일	CAUSE (Disease or Injury	O (OR AS A CONSEQUE	NOE OF:	-					
CERTIFICATION	that initiated events resulting in death) LAST		Matier (4)						
핑									
Ä	PART II. Other significant conditions contributing t	o death but not resu	uiting in the underlying	g ceuse given in Pr	ert I. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC					1 YES 2	₫-110	OF DEATH?		
M					-		1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		00.00	ACE OF DEATH (Check	t ==1		18/17.		
100	EXAMINER? HOSPITAL:	ER/Outpetient 3 🗆	OTHER:						
H H	27. MANNER OF DEATH 28s. DATE (F INJURY 2	8b. TIME OF 28c. INJ	URY AT 2	Uther (Speciny)	NJURY OCCURED			
1 1	1 Natural 5 Pending	Day 1941/ A	INJURY WO	PRK? YES 2 NO					
) BY	2 Suddide 28e. PLACE	OF INJURY - At home	, farm, street, factory, offic	• 2	28f. LOCATION (Street a	and Number or Rural	Route Number,		
TED	4 Homicide determined	N man (observed)			City or Town, State)				
님	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best	of my knowledge, death	occurred at the time, date	and place, and due to	the cause(a) and man	ner as stated.			
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of	axamination and/or inve	estigation, in my opinion, d	leath occured at the tir	me, data and place, an	d due to the cause	(a) and manner as stated.		
BE C	299 MONATURE AND TITLE OF CERTIFIER	Do A		29c. LICENSE NUMB	ER	29d. DATE SIGNE	gyrmania, Day, Mari		
0	denginen 1. a	e yu	many	240 =	648	100/	13/90		
	Don inmin A Document		6	/ C 01	on Diversi-	MD 047	061		
	Benjamin A. DeGuzman, M.I	AR'S SIGNATURE	rain mignwa	ıy, 5., ül	en burnie	י, ויוט צונ	ו טכ		
	MAY 2.9 1990 20 AC	La .							
	47 1911 64 1	Alanda Bit					_		



TO THE LOCATE OF THE LAW AGAINST THE LAW AGAINST THE THE THE THE THE THE THE MATTER THE THE THE THE THE THE THE THE THE THE	TO THE PROSTIGATION After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filled within 72 hours after death with the State begit, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT, if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 STATE	STATE OF MARYLA				MENTAL HYGIEN	E	0 1 40 40	
	REGISTRAR 1. DECEDENT'S NAME (First, Micole Lest)	vder walt	CERTIF	Nyder	DEATH	REG. NO 2. DATE OF DEATH MONTH. D.	ZZ Z	ar 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	<u> </u>	BIRTHPLACE (State or Foreign		
	63.5. 63. 60.65	CK M 2 □ F 80		MONTHS DAYS	HOURS MIN.	4-8-10 Year)	Î	aryland	
_	9e. FACILITY NAME (If not institution, give street			· ·	OR LOCATION OF DE		9c. COUNTY	OF DEATH	
DIRECTOR	Francis Scott Key Medical Center			Baltimore City					
) HEC	10a, STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?	
	Maryland			Baltimo				XXX YES 2 □ NO	
FUNERAL	10e. STREET AND NUMBER			10	f. ZIP CODE	206		OF WHAT COUNTRY?	
J. P.	4315 Anntana Ave.	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		IIC ORIGIN? (Specify Yes			
	1 Never Merried 2 Merried	FORCES? 1 YES	ZYNO	If yes, sp		n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:	
Э ВУ	3 Wildowed 4 Divorced							White	
191	15. DECEDENT'S EDUCA (Specify only highest grade co	College (1-4 or 5+)	(Give kind of life, Do NOT u	ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working e. Do NOT use retired.)			16b. KIND OF BUSINESS/INDUSTRY Bethlehem Steel		
PL	7th Grade	College (1-4 or 5+)	Wire	Drawer		Sparr	ows Po:	int	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumeme)		
BE (William H. Snyder					tie Mercer			
2	190. INFORMANT'S NAME (Type/Print) Mrs. Lillian I. I	Rowers Snyde				Ralto M			
	20a. METHOO OF DISPOSITION	20b.	PLACE OF DISPO	SITION (Name of ce			CATION — City	77.19	
	1 DBurlei 2 Cremetion 3 Remove 4 Donation 8 Other (Specify)	al from State	Morela	nd Memor	ial Park	Ba	lto., l	d.	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22, NAME A	ann Fune	cility ral Home			
	* Lasselw Te	execul Ho	3 m			Rd. Balto.	, Md.	21236	
	23. PART I. Enter the diseases, or co ahock, or heert fellure. Li IMMEDIATE CAUSE (Finel disease or condition			not enter the mo	ode of dying, suc	h as cardiac or rasp	iratory arrest,	Approximate interval Between Onset and Deeth	
CERTIFICATION	s. OUE TO (OR AS A CONSEQUENCE OF): Sequentielly liet conditione, if any, leading to immediate Due To OR AS A CONSEQUENCE OF):								
<u>Ş</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	CONSEQUENCE	ID:					
E	thet initieted events resulting in deeth) LAST	002.10 (01.110.1.	011020021102	., ,.					
2	PART II. Other significent conditions	contributing to death bu	it not requiting	in the underlyin	o cause alven in	Part i 24a WAS AN	VZGOTILA	24b. WERE AUTOPSY FINDINGS	
EDICAL	ASCAL		. not resulting	m the diddings	g code grow m	PERFO	RMEO?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?	
2						_ '		1 TYES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATH (Ch	eck only one)			
SICI	EXAMINER?	HOSPITAL:	itlent 3 DOA	OTHER:		8 Other (Specify)			
	27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28c. IN	JURY AT ORK?	26d. DESCRIBE HOW	INJURY OCCUR	EO	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(month, buy, 100)			YES 2 NO				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif		n, atreet, fectory, office 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)				Rural Route Number,	
COMPLETE	(Creck Orlly	IAN: To the best of my knowle						ouse(e) and manner on stated.	
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER	M	1 A-		29c. LICENSE NU			GNEO (Month, Day, Year)	
2	30, NAME (AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (BO				^	<u> </u>	
	Jetter/S.	1500 [1	1) Ug	417 E.	01	1.	RIA M	

32. REGISTRAR'S SIGNATURE

la Varidon Bordase

MAY 2 9 1990

DHMH-18 Rev 1/89

DHMH-16 Rev 1/89

	1 - STATE REGISTRAR	STATE OF MARYL		ITMENT OF I		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	MILDE	LED L.	SCH	CHRODER N			4 1	990 10:45 AH W
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
	215-07-9117	1 🗆 M 2 🗹 F 📗 8	YRS.	MONTHS DAYS	HOURS MIN.	8-13-03		maryland
	9a. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY, TOWN	R LOCATION OF DI	EATH		NTY OF DEATH
OR	ST, Joseph Ho	ospital		Tows	am, ma		B	AJIMOre
ᇈ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CIT	Y, TOWN OR LOCA	'IDN			10d. INSIDE CITY
DIRECTOR		Ltimore			le/Carne	y		LIMITS?
	10e. STREET AND NUMBER				. ZIP CODE		10g. CITI	ZEN DF WHAT COUNTRY?
FUNERAL	3502 Hiss Avenue				21234			USA
<u>z</u>	11. MARITAL STATUS	12. WAS DECEDENT EVER I				NIC ORIGIN? (Specify Yea	or No-	14. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES			ecify Cuban, Mexica 2 NO Specif	nn, Puerto Rican, etc.) y:		Specify: White
Э ВУ	3 🖫 Widowed 4 🗌 Divorced						l	
	15. DECEDENT'S EDUI (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	WORK done during m	ON ast of working	16b. KIND OF BUS	SINESS/IND	DUSTRY
7	8th grade	College (1-4 or 5+)		s Adjus	er	Insur	ance	Company
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				_	ME (First, Middle, Meiden		
ŏ	Emerson Bailey					ce League	Surremoj	
BE	19a. INFDRMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Town	n, State, Zip	Code)
임	M. Audrey Rush					Baltimore,		
	20e METHOD OF DISPOSITION 1 ABurial 2 Commation 3 Rem	20	b. PLACE OF DISPO	SITION (Name of ce	metery, cremetory or	20c. LO	CATION —	City or Town, State
	1 LNBurlai 2 Li Cremation 3 Li Remi 4 Li Donation 5 Li Other (Specify)	oval from State	other place) Ra.1 t	imore Co	meterv	Bal	timo	re City. Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC			00 11000 0	ADDRESS DE	OII ITY		
	Iday & Proced	an I		741	1 B-1411	- Red +1+	37	
	23. PART I. Enter the diseases, or o	complications that cause	d the death. Do					rest, Approximate
	MANAGOLATE CALIGE CEL. I	Liat only one cause on o					0	Interval Between Onset and Death
	disease or condition resulting in death)	Cerebi	Mass	arlan	- acc	ident (me	autin)
	resulting in death)	DUE TO (DR AS	A CONSEDUENCE O	F):		0-19		Toy .
Z	Commentative that according	b						
TIC	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):				
5	CAUSE. (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):							
Ë	that initiated events resulting in death) LAST	DOE TO (ON AS	A CONSEGUENCE C	T).				İ
CERTIFICATION		d						
CAL	PART II. Other algolificant condition	s contributing to death	but not resulting	In the underlylr	g ceuse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	Sepe	ne -				1 _ YES 2	010	COMPLETION OF CAUSE OF DEATH?
ME								1 TYES 2 ND
ä								
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, F	LACE OF DEATH (C	heck only one)		
IYS	1 YES 2 NO	1 Inpatient 2 ER/Out				8 Other (Specify)		
F.	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Till IN	JURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OC	CURED
BY	2 Accident Investigation	28e. PLACE OF INJUR	Y — At home, farm.			28f. LOCATION (Street	and Number	r or Rural Route Number,
E	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, State)		
COMPLETED	29a. CERTIFIER	STANL To the head of our burn		and a share star and a				
MP	one) —	ICIAN: To the best of my know ER: On the basis of examination						ned. he cause(s) and manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIE		•					
BE	SOU OF OTHER OF CHAPTE	00:-		n 1	29c. LICENSE NU	1197	290. DAT	TE SIGNED (Month, Day, Year)
6	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAMSE OF D	EATH (ITEM 27) (Tags	e, Print)	016	711		1-7/70
	DEATOIS	D 1120	N &	t. Gos	eat V	anital	2 (1/2	woon mod
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	1	1/-1.100	June	100	7
	1000	11 4 50		-				

HOLD T.

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H 35 --- -

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundal-transit permit. Pages 1, 2, 3 should be bundal-transit permit. Pages 1, 2, 3 should be bundal-transit permit. Pages 1, 2, 3 should be bundal-transit permit. Pages 1, 2, 3 should be bundal-transit permit. Pages 1, 2, 3 should be bundal-transit permit. Pages 1, 2, 3 should be bundal-transit permit. Pages 1, 2, 3 should be bundal-transit permit. Pages 1, 2, 3 should be bundal-transit permit. Pages 1, 2, 3 should be bundal-transit permit. Pages 1, 2, 3 should be bundal-transit permit. Pages 1, 2, 3 should be bundal-transit permit.	APORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTEND	TO THE FUNERAL DIRECTOR: After this ce	IMPORTANT: If Item 28 Is

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			NTAL HYGIENE		0 14042		
	1. DECEDENT'S HAME (First, Middle, Last)					DATE OF DEATH		3, TIME OF DEATH		
	LURENE R. SWEE	T				MAY 25	1990	10:45 A. M		
	4. SOCIAL SECURITY HUMBER	5. SEX 6. AGE	(In yrs. last birthday)	F UNDER 1 YEAR		DATE OF BIRTH		ATHPLACE (State or Foreign		
DIRECTOR	219-14-1494 Se. FACILITY HAME (If not institution, give:	1 □ M 2XXF 87	YRS.		HOURE MIN. O	(Month, Day, Year) 9-29-02	MA)	RYLAND		
	2023 JEFFERSON B	CONTRACTOR OF THE PROPERTY OF		HAGERS		`	WASHII			
EC	10e. STATE 10b. COUHT	Y	10c. CITY, T	TOWN OR LOCATIO	ЭН			10d. IHSIDE CITY		
	MARYLAND WASH	INGTON	HAGE	RSTOWN				LIMITS?		
A	10e. STREET AND HUMBER			10f. i	ZIP CODE		10g. CITIZEN O	F WNAT COUNTRY?		
E	2023 JEFFERSON B	LVD.		2	1740		U.S.	. A .		
BY FUNERAL	11. MARITAL STATUS 1 Hever Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR E	2 (30)	If yes, spec	HDEHT OF HISPAHIC (city Cuben, Maxican, Populity: Maxican, Populity:	ORIGIN? (Specify Yee Juerto Rican, etc.)	B S	ACE — American Indian, lack, White, atc. pecify: IITE		
	15. DECEDENT'S EDU (Specify only highest grade	ICATION e completed)	16a. DECEDENT'S US	WAL OCCUPATION	N of working	16b. KIND OF BUSI				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		k done during most etired.)	. Or Working	CLOTHING	THINIC	TDV		
N N	8th		SEAMSTRE	SS				IVI		
8	17. FATHER'S HAME (First, Middle, Last) WILLIAM RIDGELY					(First, Middle, Maiden S	Surname)			
BE	19a. IHFORMANT'S HAME (Type/Print)		T 401 11411 1110 11	222500 000000	WILLYE M	AE DOYLE Number, City or Town				
2	GORDON L. DAVIS									
	20e. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITI			AGERSTOWN	MD 2			
	1 Buriel 2 Cremation 3 Ren	sovel from State	Other place) AKEVIEW ME	Control Control		1000	ESVILLE			
	21. SIGHATURE OF FUNERAL METRYCE LI		INDVIEW IIE		ADDRESS OF FACILI		EO VILLI	, IID.		
	Lunal	en.) - 3	1/2	LEROY 1	M & RUSSE	LL C WITZ	KE FUNI	ERAL HOME		
			700					E. MD 21228		
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause on	eech line.		e or dying, such a	a cardiac or reapir	atory arrest,	Approximete interval Between Onset and Death		
	disease or condition resulting in death) e. Plus mac v fo ma Due to (or as a consequence of):							2-34 +45		
Z	Sequentially list conditions,	b								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING									
일	CAUSE (Disease or Injury C.									
	that initiated events reauting in death) LAST									
E		d								
A P	PART II. Other algnificent condition	ne contributing to death	but not reaulting in	the underlying	cause given in Pa	rt I. 24a. WAS AN A		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDIC						_ 1 🗆 YES 2*	NO	COMPLETION OF CAUSE OF DEATH?		
M						_		1 TYES 2 NO		
ä										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL/	ACE OF DEATH (Check	only one)				
YSI	1 TYES 2 NO	1 Inpetient 2 ER/Our			5 Residence 8	Other (Specify)				
H	1. Hetural 8 Pending	(Month, Day, Year)	28b. TIME (TY WOR	RK?	ed. DESCRIBE HOW IN	JURY OCCURE)		
BY	2 Accident Investigation			M 1 71						
	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Sp.	IY — At home, farm, stre ec/fy)	eet, factory, office	24	City or Town, State)	nd Number or Ru	rei Route Number,		
	29e, CERTIFIER		· · · · · · · · · · · · · · · · · · ·							
_ ,		SICIAN: To the best of my known						te(a) and manner as stated.		
M	anal comp	ER: On the basie of examinati				o, contract process, contract				
COMPLETED	one) 2 MEDICAL EXAMIH	ER: On the basic of examinati	on allow investigation,	1	20- 14051405	'n T	29d. DATE SIGNED (Month, Day, Year)			
BE COMP	anal comp				29c. LICEHSE NUMBE	73.	A -	NED (Month, Day, Year)		
	one) 2 MEDICAL EXAMIH	er mo			12011	73.	A -	NED (Month, Day, Year)		
H	29b. SIGNATURE AND TITLE OF CERTIFIE	er mo			12011	7/ THSbur	A -	NED (Month, Day, Year)		

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. neurs after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR	STATE OF MARYLAN	IN / NEPARTA	MENT OF HEAL	ITH AND N	MENTAL HYGIENI) :	0 1404	
1 - STATE REGISTRAR	OINIE OF MAITEN		ATE OF DE		REG. NO.		Y.,	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF OEATH	
Emma Si	Duirrellas	011			MONTH DA	G YEAR	9:10 A M	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In)	UNDER 1 YEAR IF	UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. Bit	RTHPLACE (State or Foreign		
749-10-4767	1 M 2 X F 70	M 2 DAF 70 YRS. MONTHS DAYS HOURS MIN.				1º00	untry)	
9a. FACILITY NAME (If not institution, give str		94	b. CITY, TOWH OR LO	CATION OF DE	1-3-20	9c. COUNTY O	E DEATH	
-	in and ramedy		0 11			30. 000HTT 0	, DEATH	
RESIDENCE OF DECEDENT	<u> </u>		100-14	more	,			
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY	
Md.		BAL	timore				1 YES 2 NO	
10e. STREET AND NUMBER		DH	10f. ZIP	CODE		10g. CITIZEN O	F WHAT COUNTRY?	
GIIS. ChAR	luc St		2	1230		11	SA	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	S. ARMED			IC ORIGIN? (Specify Yea	or No. 14/8	TOE - American Indian	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 110		Cuban, Mexicar	, Puerto Rican, atc.)		NOE — American Indian, lack, White, etc.	
15. DECEDENT'S EDUC		sa. DECEDENT'S US	UAL OCCUPATION	17.000	16b. KIND OF BUS	INESS/INDUSTR	Υ	
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	done during most of attred.)	working				
201121111111111111111111111111111111111	00.000	LAD	over					
17. FATHER'S NAME (First, Middle, Last)	,		18.	MOTHER'S NAM	ME (First, Middle, Maiden :	Surnama)		
Joe Brown)		4	4/4	Brow	M		
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DDRESS (Street and N	umber or Rural B	loute Number, City or Town		1	
1.10 /0 14/	4	20 0	100/000	1.	Supplied to the supplied to th	101	1	
MAYOR OF DISPOSITION								
20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or Other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State								
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	- N	CSTCHN	STAR C		N/ E	MITO.	MIG-	
> Willbrus			Willia 1206	m C. B	MON CO	mm, f	. H.	
23. PART i. Enter the diseases, or co				of dying, such			Approximate	
	ist only one cause on eac	h line.				,	Interval Between	
disease or condition								
resulting in death) a. TULLO UND OF CULL ACCUSED DUE TO (OR AS A CONSEQUENCE OF):								
DUE TO (OR AS A CONSEQUENCE OF):								
Sequentially flat conditions, DUE TO (OR AS A CONSEQUENCE OF):							years	
if any, leading to immediate cause. Enter UNDERLYING	eading to immediate							
CAUSE (Disease or injury	DUE TO (OR AS A C	ONSTOLISMOS OF						
that initiated events reaulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):						
PART ii. Other significent conditions	contributing to death but	not reaulting in	the underlying ca	use given in	Part i. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
al costell	SM				PERFOR	. /	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
					1 _ YES 2	IN NO	OF DEATH?	
					-		1 NES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	To	26. PLACE	OF DEATH (Ch	ack only one)			
1 - YES 2 TATO	1 Inpatient 2 ER/Outpat		☐ Nursing Home 5	-				
27. MANNER OF OEATH	(Month, Day, Year)	266. TIME C	Y WORK?	AT	28d. OEŞCRIBE HOW II	NJURY OCCURE	D	
Netural 5 Pending 2 Accident Investigation			M 1 TYES	2 NO				
3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, etc. (Specify	- At home, farm, stre	et, factory, office		26t. LOCATION (Street a City or Town, State)	and Number of Ru	iral Route Number,	
4 Homicide determined	(spoor)							
29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowled	dge, death occurred	at the time date and	place and due	to the councils) and mar	mer as stated		
cool only	R: On the basis of my knowled						se(s) and menner as stated	
	the seas of examination (- July 10 the Cell		
206. SIGNATURE AND TITLE OF CERTIFIER	1 11	10 1	29	C. LICENSE NUM	MBER	29d. DATE SIG	NED (Month, Day, Year)	
1400	MI JOHN	The cong		DITO	066	251	129/90	
30 NAME AND ADDRESS OF PERSON WHO	OCHUMAN AND OF DEAL		7. 7		7	-		

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) CAUSE OF DEATH (ITEM 27) (Type 31. DATE FH.ED (Month, Day, (Mar)

TO BE COMPLETED BY FUNERAL DIRECTOR	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	MPDRTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ar death. Page 6 may be retained by the hospital or attending physician.	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			ENTAL HYGIENI REG. NO.	E	
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	EDWA E. TOWE	R				монтн да 5 25	1990	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	B. BIF	THPLACE (State or Foreign
	213-03-3937	1 M 2 XF 83	3 YRS.	ONTHS DAYS		01-20-07	MAI	RYLAND
R	98. FACILITY NAME (If not institution, give str ST. AGNES HOSPITAL		1	BALTIMO	R LOCATION OF DEA ORE	тн	9c. COUNTY OF	DEATH
5	RESIDENCE OF DECEDENT							
DIRECTOR	MARYLAND 10b. COUNTY			TOWN OR LOCAT	ON			10d. INSIDE CITY LIMITS? 1 Types 2 No
	10e. STREET AND NUMBER				ZIP COOE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	909 COOKS LANE			2	1229		U.S.	Α.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES			ENDENT OF HISPANI city Cuben, Mexican	C ORIGIN? (Specify Year	or No — 14. R/	ACE — American Indian, ack, White, etc.
BYF	1 Never Merried 2 Merried 3 Nover Merried 4 Divorced	IF YES, GIVE WAR OR D			2 XXO Specify:	, rueno mosn, ec.,	Se	necify:
							WHI	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S U	rk done during mo:	N at of working	16b. KIND OF BUS	INESS/INDUSTRY	′
۳	Elementery/Secondary (0-12) 7 TH	College (1-4 or 5+)	Iffe. Do NOT use					
MP			НОМЕМА	KER		OWN HO		
8	17. FATHER'S NAME (First, Middle, Lest) SETTIMO SERRA					IE (First, Middle, Maiden	Surname)	
BE					GENEVRA			
2	194. INFORMANT'S NAME (Type/Print) WILLIAM E. SERRA					oute Number, City or Town		
7				OKS LAN		BALTIMORE.		
	20a METHOD OF DISPOSITION 1 → Burlal 2 □ Cremation 3 □ Remo	oval from State	OUDON PAR	TION (Name of cen	netery, crematory or		CATION — City or	
	4 Donation 5 Other (Specify)		OUDON PAR	K CEMET	ERY D ADDRESS OF FAC		IMORE.	MD
	21. SIGNATURE OF FUNE INC. SERVICE LIC	ENSEE	4	LEROY	M & RUSS	SELL_C_WIT	ZKE FIIN	ERAL HOME
	Kussell	en	2	1630	EDMONDSON	N AVE CATO	NSVILLE	, MD 21228
	23. PART I. Enter the diseases, or c ehock, or heert fellure. I IMMEDIATE CAUSE (Finel		ech line.	^				Approximate interval Between Onset and Death
	disease or condition resulting in death)	OUE TO (OR AS	A CONSEQUENCE OF	lerios	cleratic	Cardievo	scular !	lisean Sispas
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS	A CONSEQUENCE OF):	:				,
§	cause. Enter UNDERLYING CAUSE (Disease or Injury							
E	that initiated events	OUE TO (OR AS	A CONSEQUENCE OF)					
ER	resulting in death) LAST	d						
	PART II. Other eignificent conditions	s contributing to deeth i	out not resulting in	the underlying	ceuee given in F	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL						1 TYES 2		COMPLETION OF CAUSE
입			_					OF DEATH?
2						-	1	
A	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ck only one)		
S	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	e 5 🗆 Realdence (Constitution of the control		
¥	27. MANNER OF DEATH	28s. DATE OF INJURY	26b. TIME	OF 28c. INJ	URY AT	28d. DESCRIBE HOW II	NJURY OCCURED)
<u>-</u>	1 Netural 5 Pending	(Month, Day, Ybar)	INJU		RK? /ES 2 NO			
BY	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE OF INJUR	Y — At home, farm, str			281. LOCATION (Street a	and Number or Ru	ral Route Number,
	4 Homicide 6 Could not be	building, etc. (Spe	ocify)			City or Town, State)		
ig	29a. CERTIFIER TERTIFYING PHYSIC	CIAN: To the best of my know	vladae deeth ecour	at the time date	and place and dire	to the anuscial and ma-	mar as stated	
COMPLETED	CONNECK OFFIN	R: On the basis of exemination	_		•			se(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIEF	2			29c. LICENSE NUM	BER	29d. DATE SIG	NEO (Month, Day, Yber)
BE	Ka. 0 (-)	Men To	> '				1 5	25 6
임	30. NAME AND ADDRESS OF PERSON WITH	O COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, I	Print)			_	78
	30. NAME AND ADDRESS OF PERSON WHI	Mar		ST.	AGNES HO	SPITAL, BA	LTIMORE	e. MD.
	31. OATE FICED (1990) OK YOU	32. REGISTRAR'S SIG	NATURE			_,		·

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

X	\
1. 2, 3 should	
Ni Ni	
	- 1
Pages	
permit.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	C	ERTIFI	CATE OF	DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	E 1/200	11	- 1	-	2. DATE OF MONTH	DAY	YEA				
	SAMUEL	C. VALLG		5 K 1		5	27	90				
		8. AGE (In yrs. F		IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF (Month, E		Co	RTHPLACE (State or Foreign unitry)			
Œ	9e. FACILITY NAME (If not institution, give street Stella Maris Ho			96. CITY, TOWN O	R LOCATION OF D	EATH		c. COUNTY O	F DEATH			
6	RESIDENCE OF DECEDENT	,opioe		101100								
FUNERAL DIRECTOR	Maryland Balt	imore	10c. CITY	Middle F	iver				10d. INSIDE CITY LIMITS? 1 YES 2 AND			
ERAL	612 Lannerton Rd.	OITAN ROAD #E	,	101	ZIP CODE		10		USA			
BY FUN	11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN U.S. / FORCES? 1 XX YES 2 IF YES, GIVE WAR OR DATES	NO	il yes, spe	ENDENT OF HISPA ecify Cuban, Mexic NO Speci	nn, Puerto Ric		6	ACE — American Indian, ilack, White, etc. pecity: White			
	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TION 16a. I	DECEDENT'S U (Give kind of we life. Do NOT use				IND OF BUSINE					
COMPLETED	11	College (1-4 or 5+)	Paint	Mixer			General		rs			
BE CO	17. FATHER'S NAME (First, Middle, Last) Samuel S	. Vaught			18. MOTHER'S NA		E. Wa					
TO E	190. INFORMANT'S NAME (Type/Print) Lois Vaught, Wif		19b. MAILING /	Lanner to	LANOIT	AN ROA	D. Balt	., N	d. 21220			
	20s, METHOD OF DISPOSITION 1 & Burlel 2 Cremetton 3 Remove 4 Donation 5 Other (Specify)	al from State 20b. PLAC	E OF DISPOSI		netery, cremetory or ial Gard	lens			Co., Md.			
	21 MONATURE OF FUNERAL SERVICE LICEN	SEE	4	22. NAME AN	D ADDRESS OF F	ACILITY						
	11. 41	Sunderen		Bruzd	zinski F	uneral	1 Home	PA				
(former Sol	and the series	-	1407	Old East	ern A	ve. Ba	alto.				
	23. PART I. Enter the diseases, pr con shock, pr heert failure. Lis IMMEDIATE CAUSE (Finel disease or condition resulting in death)	PROSTAT	ne. E (1 ANCER		ch aa cardle	c or respirat	Dry arrest,	Approximate Interval Between Onset and Death			
NO	Sequentially list conditions, b. DUE TO (OR AS A CONSEQUENCE OF)											
CATIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury											
CERTIFICATION	that initiated events resulting in deeth) LAST	OUE TO (OR AS A CONS	SEQUENCE OF):								
									24b. WERE AUTOPSY FINDINGS			
EDICAL	PERFORMED? 1 U YES 2 NO											
Σ									1 TES Z NO			
AN	25. WAS CASE REFERRED TO MEDICAL			26 0	ACE OF DEATH (C	book anti-anni						
PHYSICIAN: M	EXAMINER?	OSPITAL:		OTHER:				'				
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0	3 Suicide 8 Could not be 4 Homicide determined		TON (Street and Town, State)	Number or Ru	ral Route Number,							
COMPLET	(Critical Orley	AN: To the best of my knowledge, On the basis of examination and/							use(e) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	IMBER	1 2	9d. DATE SIG	NED (Month, Day, Year)			
TO BE	Carla A. al	lexander			D 270			> 5/	27/90			
	30. NAME AND ADDRESS OF PERSON WHO Carla S. Alexander	, M.DStella	Maris		e-Dulane	y Vall	ey Rd.	-Tows	on 21204			
	31. NAFFILE 2/19" 1990" July	AS REGISTRARS DISHOTHE	<u> </u>									

B#8 11 55

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dent. of Health and Mental Humbon motor in the state Dent.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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TO BE COMPLETED BY FUNERAL DIRECTOR

REGULATION DECEDENT NAME (PARAMETERS) MARKEY MELVINA NOULKMAN NO
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8075 Green Orchard Road, Apt. 14 11. MARIAL STATUS 12. MAS DECEDENT SUBLA STATUS 13. MAS DECEDENT OF HIPPANIC ORGANY (Specify Vision in U.S. ADMIND PROFICES? 1 VEB 2 L/NO. 1 VES 2 L/NO. 2 VES 2 L
11. MASTAL STATUS Never Married 2 Married 12 Married 12 Married 12 Married 13 Married 12 Married 12 Married 13 Married 15
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Sequentially list conditions resulting in death) Doe To (Or As A CONSECUENCE OF):
T. PATHER'S NAME (First, Middle, Last) Frank A. Arsenault 198. INFORMANT'S NAME (First, Middle, Maldlen Surname) The Line of Control of the Control of
Frank A. Arsenault Melinda Arsenault 198. INFORMANT'S NAME (Type/Print) The MAILING ADDRESS (Street and Number or Rural Rouse Number). City or Rown, State, 2p Code) Same as 10 208. METHOD OF DISPOSITION 200. LOCATION — City or Town, State 200. LOCATION — City or Town, State 200. LOCATION — City or Town, State 200. METHOD OF DISPOSITION (Name of cereating), commistory or 200. LOCATION — City or Town, State 200. METHOD OF DISPOSITION (Name of cereating), commistory or 200. LOCATION — City or Town, State 200. METHOD OF DISPOSITION (Name of cereating), commistory or 200. LOCATION — City or Town, State 200. METHOD OF DISPOSITION (Name of cereating), commistory or 200. LOCATION — City or Town, State 200. METHOD OF DISPOSITION (Name of cereating), commistory or 200. LOCATION — City or Town, State 200. LOCATION — City or Town, Sta
198. INFORMANT'S NAME (TyperPrint) 198. MAILING ADDRESS (Street and Number or Rural Route Number. City or Town., State, 2/p Code) Inez R. Kohl 208. METHOD OF DISPOSITION 1 Burlal 2/J Cremation 3 Ramoval from State 1 Burlal 2/J Cremation 5 Ramoval from State 1 Deal 2/D Cremation from State 1 Deal 2/D Cremation from State 1 Deal 2/D Cremation from State 1 Deal 2/D Cremation from State 1 Deal 2/D Cremation from State 1 Deal 2/D Cremation from State 1 Deal 2/D Cremation from State 1 Deal 2/D Cremation from State 1 Deal 2/D Cremation from State 1 Deal 2/D Cremation from State 2 Deal 2/D Cremation from State 2 Deal 2/D Cremation from State 2 Deal 2/D Cremation from State 2 Deal 2/D Cremation from State 2 Deal 2/D Cremation from State 2 Deal 2/D Cremation from State 2 Deal 2/D Cremation from State 2 Deal 2/D Cremation from State 2 Deal 2/D Cremation from State 2 Deal 2/D Cremation fr
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23. PART I. Enter the diseeses, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, abock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition) resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (O
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27. MANNEB OF DEATH 1 Neturel 5 Pending 2 Accident Investigation 28a. DATE OF INJURY AT WORK? 1 YES 2 NO 26d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO
1 Natural 5 Pending 2 Accident Investigation M 1 YES 2 NO
2 Accions
3 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State)
4 Homicide detarmined
29a. CERTIFIER (Check only (Ch
one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.
ON SIGNATURE AND TITLE OF CENTREED
29b. SIGNATURE AND TITLE OF CERTIFIES 29d, DATE SIGNED (Month, Day, Year)
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)
D-14136 > 5/25/90
290. SIGNATURE AND TITLE OF CERTIFIED 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (App., Print) Daljit S. Sawhney M.D., 1600 S. Crain Hwy., Suite 201, Glen Burnie, Md. 21061

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 Is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL REGISTRAR

CERTIFICATE OF DEATH

HYGIENE			
REG. NO.			

	1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH	-		3. TIME OF DEATH
	CLARICE	JONE	S	T/	VEBB		MON			YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last		F UNDER 1 YEAR	R IF UNDER 24 HR		E OF BIRTH	990	6 BIRTHI	9:00 P M
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	219-60-6093	A.	83					-12-19	-		yland
~	9a. FACILITY NAME (If not institution, give st					N OR LOCATION OF	DEATH		9c. COU	NTY OF DE	ATH
Ö	The Wesley Ho	me, Inc		Ī	Balti	more					
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY			the CITY	TOWN OR LO	CATION					10d. INSIDE CITY
<u>=</u>											LIMITS?
	Maryland Balti	more		Coc	keysv	101. ZIP CODE	·				1 YES XXNO
RA									-200		HAT COUNTRY?
9	10611 York Road		271			21030			_	.S.A	
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT FORCES? 1	YES 2 N			Specify Cuban, Ma			or No-	14. RACE Black.	— American Indian, , Whits, etc.
BY	XXWidowed 4 □ Divorced	IF YES, GIVE W	AR OR DATES		1 🗆 Y	ES XXNO Sp	ecity:			Specifi	White
	15. DECEDENT'S EDUC	PATION	Ma DE	CEDENT'S US	SUAL OCCUPA	TION	1.	6b. KIND OF BUS	WIEGE WAS	MICTEN	
COMPLETED	(Specify only highest grade	completed)	(Gi		rk done during	most of working	1	ob. KIND OF BUS	INESS/INL	JUSTHY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+	•)								
\$		Years	I Ho	usew	1fe			Home			
8	17. FATHER'S NAME (First, Middle, Last)	_	_					I, Middle, Malden	Surname)	_	
BE	William William	L.	Jon			Addi				Par	KS
2	19s. INFORMANT'S NAME (Type/Print)					et and Number or Ru					21204
	W. Donald Webb							100			Maryland
	20s. METHOD OF DISPOSITION X. XBurisl 2 Cremation 3 Rame	oval from State	other ple	ICO)		cemetery, crematory				City or Tov	
	4 Donation 5 Other (Specify)		Mt.Ca	rme1	U.M.	Church	Cem	. Her	efo:	rd, M	ary1and
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11		22. NAME	AND ADDRESS OF	FACILITY	ngon P	Δ	Fune	ral Home
	1 S/12/2	50/	/ ///								,MD 21204
	23. PART 1. Enter the diseases, pro	omplications the	t caused the de	ath. Do not							Approximate
	shock, or heart fellure.	Liet only one cau	se on each line	6		, , ,					Interval Between
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	resulting in death)	. Depsis									
		DUE TO	(OR AS A CONSE	DUENCE OF):							
NO	Sequentielly list conditions,	b	(OD 10 1 COMOF	NIEWOE AE							
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE TO	(OR AS A CONSEC	DUENCE OF):							1
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Ë	that initiated events resulting in deeth) LAST	DOE TO	(ON AS A CONSE	DOENCE OF).							:
H		d									
	PART II. Other algnificent condition										
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2	Convertine	_ /	A		the underly	ying cause given	in Part I.	PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
EDIC/	Congestine	Hourt	- Faile	re	the underly	ying cause given	in Part i.		MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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ED BY PHYSICIAN:	Congst inc Congst inc Congst inc Congst inc Congst inc Congst inc Congst inc Congst inc Congst inc Examiner 1	HOSPIFAL: 1 Department 2 26s. DATE OF (Month, Duliding,	FINJURY — At ho etc. (Specify)	DOA 4 26b. TIME INJUI	26 OTHER: 1 Defursing to 28c. RY M 1 [rest, factory, o	PLACE OF DEATH forme 5 Resider INJURY AT WORK? YES 2 NO office	(Check only ice 6 🗆 O 28d. E 28f. L C C	PERFOR 1 VES 2 ther (Specify) DESCRIBE HOW I OCATION (Street is live or Town, State)	MED? NO NJURY OC	CURED or Rural R	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: N	Corunty Cr Corunty Cr 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 MO 27. MANNER OF DEATH 1 Metural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Jugatient 2 26e. DATE OF (Month, D 28e. PLACE Of building, CIAN: To the best of a	FINJURY — At ho etc. (Specify)	DOA 4 26b. TIME INJUI	26 OTHER: 1 Defursing to 28c. RY M 1 [rest, factory, o	PLACE OF DEATH tome 5 Resider INJURY AT WORK? YES 2 NO iffice date and place, and in, death occured at	(Check only) see 6 0 28d. L 26f. L C dus to the time, d	PERFOR 1 VES 2 ther (Specify) DESCRIBE HOW I OCATION (Street is live or Town, State)	NO NO NJURY OC	or or Rural R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,
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BE COMPLETED BY PHYSICIAN: N	Congestine Congestine Congestine Congestine Congestine 25. Was case referred to medical EXAMINER? 1 Yes 2 Mo 27. Manner of Death 1 Natural 5 Pending	Hourt Ley De HOSPITAL: 1 Jupathent 2 De 26a. DATE OF (Month, D) 28a. PLACE O building, CIAN: To the best of a	FINJURY — At ho etc. (Specify) my knowledge, de xamination and/or	DOA 4 28b. TiME INJUI	OTHER: 1 Defursing h OF 28c. RY 1 [reet, factory, o at the time, c , in my opinio	PLACE OF DEATH fome 5 Resider INJURY AT WORK? YES 2 NO office date and piece, and n, death occurred at 29c. LICENSE	(Check only) see 6 0 28d. L 26f. L C dus to the time, d	PERFOR 1 VES 2 ther (Specify) DESCRIBE HOW I OCATION (Street is live or Town, State)	NO NO NJURY OC	or or Rural Rated. Ithe cause(s)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number,
COMPLETED BY PHYSICIAN: N	Congstine Congstine Congstine Congstine Congstine Congstine 25. Was case referred to medical Examiner? 1 Yes 2 27. Manner of Death 1 27. Manner of Death 1 28. Certifier (Check only one) 2 290. Certifier (Check only one) 2 290. SIGNATURE AND TITLE OF CERTIFIER (Check only one) 2 30. NAME AND ADDRESS OF PERSON WH	Hourt Ley De HOSPITAL: 1 Jupathent 2 De 26a. DATE OF (Month, D) 28a. PLACE O building, CIAN: To the best of a	FINJURY — At ho etc. (Specify) my knowledge, de xamination and/or	DOA 4 26b. TIME INJUI 26b. Time, farm, str	26 OTHER: 1 Defursing to 1 Defursing to 1 Pest, factory, of at the time, of the time, of	PLACE OF DEATH fome 5 Resider INJURY AT WORK? YES 2 NO office date and piece, and n, death occurred at 29c. LICENSE	(Check only see 8 🗆 0 28d. E 28f. E C C dus to the time, d	PERFOR 1 VES 2 ther (Specify) DESCRIBE HOW I OCATION (Street is live or Town, State)	NO NO NJURY OC	or or Rural Rated. Ithe cause(s)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number, and menner as stated. (Month, Dey, Veer)
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BE COMPLETED BY PHYSICIAN: N	Congstine Congstine Congstine Congstine Congstine Congstine Congstine Congstine Congstine 25. Was case referred to medical Examiner? 1 Yes 2 Mo 27. Manner of Death 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide 6 Could not be determined 29s. CERTIFIER Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER June 1 June 1 30. NAME AND ADDRESS OF PERSON WH 22 June 1 31. DATE FILED (Month, Day, Year)	HOSPITAL: 1 Juneation 2 26e. DATE OF (Month, D 28e. PLACE O building, CIAN: To the best of a COMPLETED CAU:	FINJURY — At ho etc. (Specify) my knowledge, de xamination and/or	DOA 4 26b. TIME INJUI 26b. Time, farm, str	26 OTHER: 1 Defursing to 1 Defursing to 1 Pest, factory, of at the time, of the time, of	PLACE OF DEATH fome 5 Resider INJURY AT WORK? YES 2 NO office date and piece, and n, death occurred at 29c. LICENSE	(Check only see 8 🗆 0 28d. E 28f. E C C dus to the time, d	PERFOR 1 VES 2 ther (Specify) DESCRIBE HOW I OCATION (Street is live or Town, State)	NO NO NJURY OC	or or Rural Rated. Ithe cause(s)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Noute Number, and menner as stated. (Month, Dey, Veer)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been sign be filed within 72 hours after death with the State Dept. of Heal IMPORTANT: If Item 28 is marked, or Item 23 shows	NSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use, as the burial-transit permit. Pages 1, 2, 3 should in with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. LTEM: 1 DEC EH G-64 6-1-90 CM. 4100	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE F TO THE F THE WORT	HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	-UNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by th vithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove	ANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical	
	2	2 8	IM	

FOR	STATE OF MARY	I AND / DEPARTI	MENT OF HE	AITH AND R	AENTAI HYGIEN) (•) 4040				
1 - STATE REGISTRAR	OINTE OF IMARITY		ATE OF E		REG. NO.						
1. DECEDENT'S NAME (First, Middle, L	nst)	-			2. DATE OF DEATH		3. TIME DF DEATH				
Nollie Pinkard	2	Doow			5/ 26	1990	м				
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign				
212 14 8683	1-2 M 2 □ F	71 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 8/5/1918	Coun					
9a. FACILITY NAME (If not institution, g			b. CITY, TOWN OR	LOCATION DF DE		9c. COUNTY OF	Va.				
3744 Font Hill Dr. Ellicott City Howard											
10a. STATE 10b. CO	Howard	10c. CITY, 1	Ellico		У		10d. INSIDE CITY LIMITS? 1 VES 2 ND				
10e. STREET AND NUMBER			101. Z	IP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
3744 Font H:	ill Dr.			2104	3	U.	S.A.				
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			IC DRIGIN? (Specify Yes		E — American Indian, ik, White, etc.				
1 Never Married 2 Married	FDRCES? 1 YES	DATES X		NO Specify	n, Puerto Rican, etc.)	Spec					
3 Widowed 4 Divorced	***************************************			21		B1	ack				
15. DECEDENT'S (Specify only highest of		16a. DECEDENT'S US	WAL OCCUPATION	of worldna	16b. KIND DF BUS	SINESS/INDUSTRY					
Elementary/Secondary (0-12)	College (1-4 or 8+)	Iffe. Do NOT use I	k done during most etired.}								
12		Vehicle	Dispa	tcher	U.S	. Posta	A Service				
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Melden						
Juttie.	Wood			Margar	et Touls	on Blue					
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A			Soute Number, City or Tow						
Dr. Nollie P	Wood JR	1221	F 01	iron C	t. Balto	MA	21202				
20e. METHOD OF DISPOSITION	1 20	Ob. PLACE OF DISPOSIT				CATION — City or T					
5€ Burlel 2 □ Cremation 3 □ 4 □ Donation 8 □ Other (Specify)	Removal from State	other place)									
21. SIGNATURE OF FUNERAL SERVICE		irst Bap	22. NAME AND	ADDRESS OF FAC	He	athvill	e, Va.				
4 0	a mai	1			rton & S	ons					
Jumes	u.1100	an			s St. Ba		id. 21217				
23. PART I. Enter the diseases, shock, or heart felicitimmediate CAUSE (Fine)	or complications that cause ure. List only ona ceuse on	ed the death. Do not each line.	entar tha mode	of dying, eucl	h aa cerdlac or reapi	iratory arrest,	Approximate interval Between Onset and Death				
disease or condition resulting in deeth)	· Kuth	Mutic	_ 1	Male	man	1 /les	of 5mon				
Troubling in debtily	DUE TO (DR AS	A CONSEDUENCE OF):		11	gran						
			3	unu	una						
Sequentially list conditione, if any, leading to immediate	DUE TO (DR AS	A CONSEDUENCE OF):					1				
cause. Enter UNDERLYING	1										
CAUSE (Disease or Injury that initiated events	DUE TO (DR AS	A CONSEQUENCE OF):				-	1				
resulting in dasth) LAST											
	_ u.						+				
PART II. Other eignificent cond	itions contributing to death	but not resulting in	the underlying	ceuse given in	Part i. 24a. WAS AN PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
3					1 🗆 YES 2		COMPLETION OF CAUSE OF DEATH?				
i .							1 YES 2 ND				
					_	1					
25. WAS CASE REFERRED TO MEDICA	L T		26 PI A	CE OF DEATH (Chi	nok only one)						
EXAMINER?	HOSPITAL:		THER:								
1 YES 2 NO	1 Inpatient 2 ER/Ou				6 Other (Specify)						
1 Netural 5 Pending	(Month, Day, Year)		Y WDR	K?	28d. DESCRIBE HOW	INJURY OCCURED					
2 Accident Investigat		RY — At home, farm, str		S 2 NO] NO						
3 Suicide 6 Could no	end Number or Rural	Route Number,									
4 Homicide determine	/d				City or Town, State)						
290. CERTIFIER 1 CERTIFYING P	HYSICIAN: To the best of my kno	wiedge, desth occurred	at the time, date a	nd place, and due	to the causele) and ma	nner as stated.					
onel	MINER: On the besie of examinat						(e) and manner as stated				
		1					The Part of the Part				
296. SIGNATURE AND TITLE OF CERT	will U X	me		DI7	6 7 3	29d. DATE SIGNE	0 (Monthy Day, Year)				
30 NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF C	DEATH (ITEM 27) (Typo, P	(1 /) S	1. @	P N	in	7 71211				
11/4 n Swell 7	inecime a	TILL	TUT	N 21.	DAIT	-01111	1) 4141				

31. DATE FILED (Month, Day, Year)

	FOR STATE REGISTRAR	s	TATE OF MA				HEALTH OF DEAT		NTAL HYGIEN REG. NO.	E	70	1400	_
	1. DECEDENT'S NAME (First, Mi	Ren	CE	CLAR	ENCE	WEST			DATE OF DEATH E	/25/	9.D 3.	TIME OF DEATHA	35 M
k	318-10-	3744	M 2 □ F	80 80		MONTHS DAT	'S HOURS		Constitution of the control of the c	10	Country) MARY	ACE (State or Foreign	
TOR	96. FACILITY NAME (If not institute that the common of the		·	N OR LOCATION OR LOCATION		CITY	9c. COUNT	Y OF OEAT	ГН				
DIRECTOR		0b. COUNTY				TOWN OR LO	E CIT	Y				DI. INSIDE CITY LIMITS? YES 2 NO	٦
FUNERAL	100. STREET AND NUMBER 501 W. FRAN	KLIN :		TON H			101. ZIP COO			10g. CITIZE	N OF WHA	AT COUNTRY?	
B	11. MARITAL STATUS 1 X Never Merried 2 Me 3 Widowed 4 Divorce	erried 12.	WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. A	RMED	13. WAS	DECENDENT C	F HISPANIC C	PRIGIN? (Specify Yea uerto Rican, etc.)	or No — 1	4. RACE — Black, V Specify: BLA	American Indian, white, etc.	
COMPLETED		PENT'S EDUCATION STATE OF THE PENT OF THE PENT OF THE PENT OF THE PENT OF THE PENT OF THE PENT OF THE PENT OF THE PENT OF THE PENT OF THE PENT OF THE PENT OF THE PENT OF THE PENT OF THE PENT OF THE PENT OF THE PENT OF T		. (1		USUAL OCCUP ork done during retired.)	ATION 7 most of working	ng	16b. KIND OF BUS	SINESS/INDU	STRY		
BE CON	17. FATHER'S NAME (First, Middle, Lest) AKER WEST 190. INFORMANT'S NAME (Type/Print) 19b. MAILIN						R	OSTE	First, Middle, Maiden	,			\rfloor
2	AGNES W. 3		3600	W. F.	RANKL	IN ST	Number, City or Town	8-A		21229			
	20a. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 4 Donetion 5 Other (S) 21. SIGNATURE OF FUNERAL S	3 Removal		other p	olece)	MORIA	L PAR E AND ADDRE	ĸ	BAI	CATION — CI		, Stata MARYLAN	D
	Lero	4 (D H	42	tt	46	00 LT	RERTY	TT & SC	'S AV	ENIII		
	23. PART I. Enter the disease, or complications that caused tha death. Do not antar the mode of dying, such as cardiac or respiratory arrest, abook, or heart fillure. List only one cause or each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Oue TO (OR AS A CONSEQUENCE OF): Approximata interval Between Onset and Death Onset and Death												
CENTIFICATION	Sequantially list conditions, if any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
MEDICAL CERT	PART II. Other significant Multiple Diabed	JAR IABET	ACC TES M	iden	us us	t I. 24e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		S			
SICIAN	MULTIPLE XXXXXXX CEREBROVASCULAR ACCIDENTS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 22 NO 1 Unipatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)												
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pe 2 Accident	28b, TiMi	E OF 280 URY	INJURY AT WORK?		Other (Specify) DESCRIBE HOW INJURY OCCURED							
	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm building, etc. (Specify)						n, street, fectory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					ite Number,	
COMPLETED	(Crieck only								the cause(s) end ma e, data end place, er			and manner as stated.	7
TO BE C	296. SIGNATURE AND TITLE O	000	Joch	, یم	MIT	>,	I	ENSE NUMBE	609	15	SIGNED (A	S 90	
-	30. NAME AND ADDRESS OF F	A C	PMPLETED CAUS	A 10	O N	B	BAR	BARA	SOCHA,	M.D.	Re	21231	

CHURCH HOSPITAL

32. REGISTRAR'S SIGNATURE

TO THE MOSPIDL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 fours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	fled within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal.	PORTANT: it liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	TO THE FUNERAL DIRECTOR: After this certificate has been signed	be filed within 72 hours after death with the State Dept. of Health	IMPORTANT: It Item 28 Is marked, or Item 23 shows an

	1 - STATE REGISTRAR		SIMIL OF I	MARYLAND C	ERTIF					MENIAL	REG. NO			
	1. DECEDENT'S NAME (First	Middle, Last)								2. DATE	OF DEATH	av.	YEAR	3. TIME OF DEATH
	Bert	J	ack	Wo	bod					May	. 20	-	990	3:00 P.
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	_	IF UNDER			OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	235-34-6892	2	1 🔀 M 2 🗌 F	6.3	YRS.	MONTHS	DAYS	HOURS	MIN.		, Day, Year)	1926	West	t Virginia
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			96. CITY	, TOWN	R LOCATI	ON OF O		,		NTY OF D	
DIRECTOR	Mercy Hospital Baltimore City											N/A		
EC	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
	Maryland 100. STREET AND NUMBER	Anne	Arunde	l 	G1	en Bu						r		LIMITS?
3A								. ZIP COD				10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	1341 Aster	Drive						2106					U.S.	.A.
FU	11. MARITAL STATUS	Mondod		NT EVER IN U.S. AI		13.	WAS DEC	ENOENT C	OF NISPAI	NIC ORIGIN	? (Specify Ye	a or No—	14. RACE Black	E — American Indian, k, White, atc.
ВУ	1 Never Married 2 X 3 Widowed 4 Divo		IF YES, GIVE	WAR OR DATES				2 X NO			,,		Spec	lly:
				Korean									Wh	ite
COMPLETED		EDENT'S EDU		(3	ECEDENT'S Give kind of	work done	durina ma	DN st of worki	ng	16b.	KINO OF BU	SINESS/IND	DUSTRY	
E	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	e. Do NOT u			-1 1	1 - 1-					
AD	11		none	Pet	roleu	ım le	rmlr	iai M	iecn.	•	An	осо		
Ö	17. FATHER'S NAME (First, M	iddle, Last)						16. MOT	NER'S NA	AME (First, A	fiddle, Maider	Surname)		
BE (John M. Wo	od						My	rtle	2	Calai	1		
	19a. INFORMANT'S NAME (ype/Print)		19	96. MAILING	ADDRES	S (Street a	nd Numbe	or Aural	Route Numb	oer, City or Tox	vn, State, Zij	Code)	
5	Dorothy L.	Wood				Sam	e as	10						
	200. METHOO OF DISPOSIT			20b. PLACE	OF DISPO	SITION (N	me of cer	netery, crer	matory or		20c. L0	CATION -	City or To	own, Stata
	1 X Burial 2 Crematic		oval from Stata	G1 e	en Ha	ven l	Memo	rial	Par	k		Glen	Bur	nie,MD.
	21. SIGNATURE OF FUNERA	L BEHVICE LIC	ENGEE	1)										
	Dan	well.	1011	mesi	ne	1 i	Sec	ond	Ave.	S.W	inglet . Gler	on Fi Burr	uner: nie,	al Home MD.21061
	23. PART I. Enter the d	seases, or o	omplications the	et caused the d	eath. Do	not enter	ths mo	de of dy	ing, suc	ch se cerd	liec or resp	irstory sr	rest,	Approximate
	shock, or h	eert fallure.	List Dnly Dne ca	use Dn eech lin	10.									Interval Between
	IMMEDIATE CAUSE (Find disease or condition	iel	fin		0	cl ~		-1.		RI	. ()		1 -1
	resulting in death)	→	8	OR AS A CONSE	SQ.	unru	int	estil	15	- U	ee			oracy.
			OGE 10	OH AS A CONSE	COENCE	rr j:	6	1.1.	_	1 40	ee S Ute (+	12)	
O	Sequentielly list condit		b. DUE TO	OR AS A CONSE	COL	011	ري	ne	V		UK 11	Alex.)	
CERTIFICATION	If any, leading to imme ceuse. Enter UNDERLY		DOE TO	(On AS A CONSE	EGOENCE C	re j:								
2	CAUSE (Diseese or inju		c	OR AS A CONSE	OHENCE O	MED.								
Ē	that initiated events resulting in death) LAS	т 📗	502 10	YOU AS A COURSE	COVENCE	rr):								
H H			d						_					
1	PART II. Other significa	nt condition	s contributing to	death but not	resulting	in the u	nderlyin	g cause	given in	Part I.	24s. WAS A	AUTOPSY	246	. WERE AUTOPSY FINDINGS
S	AL	Don . t	. O AN	hz And	and of	n						RMED?	_	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA		-Conve		1 / /	7						1 TYES	2		OF DEATH?
Σ										— I				1 YES 2 NO
PHYSICIAN:														
C	25. WAS CASE REFERRED T EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF C	DEATH (C/	heck only on	16)			
YS	1 TYES 2 PHO		1 Pinpatient 2	☐ ER/Outpatient	3 DOA			m 5 □ R	esidence	6 🗆 Othe	r (Specify)			
Hd	27. MANNER OF DEATH		28a. DATE O	F INJURY Day, Year)	26b. TII	AE OF JURY	28c. IN.	URY AT		28d. DES	CRIBE NOW	INJURY OC	CURED	
1 Matural 5 Panding 2 Accident Investigation M 1 YES 2 NO														
	2 Distalda	Could not be	26a. PLACE (OF INJURY - At h	ome, farm,	street, fac	tory, offic	4		281. LOCATION (Street and Number or Rural Route Number,				Route Number,
4 Homicide detarmined														
COMPLET	29a. CERTIFIER	IFYING PNYS	CIAN: To the best of	d my knowledge, d	lasth sasus	and at the	Nan date	and also	had do	. An thu nai			110	
MP	000)													s) and manner as stated.
0					IIIVOBAIGUA	on, in my	opinion, c	Watti Occid	THU BY IN	mino, date	and piece, a	110 002 10 1	ne cause(s) and manner as stated.
O	296 SIGNATURE AND TITLE	OF CERTIFIE	" W ~					29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNED	(Monte, Day, Year)
ш		/11/1/	\times $AH/$ A	I								100	171	STYL
BE	1-cento	TELL	wy mi										100	
ш	30. NAME AND ADDRESS O	PERSON WH	O COMPLETED CAL	SE OF DEATH VITE	EM 27) (Typ	Print)		1 ,	1				100	
BE	30. NAME AND ADDRESS O	PERSON WH	O OPHIPLETED CAL	Sh. Ya	EM 27) (1) P	Print)	Í	alt	· h	11)	/	1120	07	
BE	30. NAME AND ADDRESS O 31. DATE FILED (Month, Day.	inta	10301	Sh Ya	EM 27) (Typ)	Print)	Í	self	· h	11)		1120	07	

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.	14001							
,	1. DECEDENT'S NAME (First, Middle, Last) Margaret P. Williams 2. Date of Death Month DAY TEAR 1. 90 3. TIM 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) If under 1 YEAR If under 24 Hrs. 7. Date of BIRTH 8. BIRTHPLACE	State or Foeign							
	220-20-7762 1 M 2 XF 85 YRS. MONTHS DAYS HOURS MIN. 7/9/04 COUNTRY) MARYLA								
TOR	Se. FACILITY NAME (If not institution, give street and number) Se. COUNTY OF DEATH HAVE DE CYACLE HESIDENCE OF DECEDENT Se. COUNTY OF DEATH HAVE DE CYACLE HAVE DE CYACLE HAVE DE COUNTY OF DEATH HAVE DE CYACLE HAVE DE COUNTY OF DEATH HAVE DE COUNTY OF DEATH HAVE DE CYACLE HA								
DIRECTOR	100. STATE HARFORD HOCATION 100L LOCATION 1 10d. L	NSIDE CITY IMITS? YES 2 NO							
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT CO 21078 USA	OUNTRY?							
B	11. MARITAL STATUS 1 Never Married 2 Merried 1 Never Married 2 Merried 1 Never Married 4 Divorced 1 Never Married 4 Divorced 1 Never Married 5 No Specify: 1 No Specify: 1 No Specify: 1 No Specify:	ericen Indien, i, etc.							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 4 DONCKEEPER Tele. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use ratired.) FUEL OIL CO.								
BE COM	17. FATHER'S NAME (First, Middle, Last) EDWARD EVERETT PYLE 18. MOTHER'S NAME (First, Middle, Melden Surname) BERTHA DUPHORNE								
5	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 812 S. ADAMS ST., HAVRE DE GRACE, MD., 21(
	20a. METHOD OF DISPOSITION 1 Commetted 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, So other place) SLATE RIDGE CEMETERY DELTA, PA								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HARKINS F.H.INC., 600 MAIN ST, DEL	та, РА.							
	shock, or heart fallure. List only one cause on each line.	Approximate Interval Between Onset and Death							
	immediate cause (Final disease or condition resulting in death) Due to (Ol as a consequence of): Due to (Ol as a consequence of):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO								
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
PHYSICIAN:	1 YES 2 NO								
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)	lumber,							
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the ceuse(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end	menner ee stated.							
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. (Type, Print)	1, 00 (Year) 0/90							

31. DATE FILED (Month, Day, Year) MAY 2 9 1990

32. REGISTRAR'S SIGNATURE

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

IMPORTANT: If IIem 28 is marked, or IIem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR	VIII VI 111111		ICATE OF		REG. N	10.					
	1. DECEDENT'S NAME (First, Middle, Last) EVA WILSON					2. DATE OF DEATH		9 %	3. TIME OF DEATH 4:40 A.			
	4. SOCIAL SECURITY NUMBER 578 52 0823	5. SEX 6. A	GE (in yrs. last birthday) 83 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH		Pen	HPLACE (State or Foreign Msylvania			
ron	90. FACILITY NAME (If not institution, give street Potomac Valley N		e	Rockvi	OR LOCATION OF DE	ATH	9c. CO	Mon	tgomery			
DIRECTOR	10a. STATE 10b. COUNTY	ontgomery	10c. CIT	y, town or Locat	Spring				10d. INSIDE CITY LIMITS? 100 YES 2 NO			
ERAL	100. STREET AND NUMBER 10313 Brunswick	Avenue		101	20902		10g. CI		what country? ted States			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1		If yes, sp	ecity Cuban, Maxica 24 NO Specify	IIC DRIGIN? (Specify n, Puarto Rican, etc.)	Yea or No-	14. RAC Blac Spec	E — American Indian, k, Whita, etc. White			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 12 years											
	17. FATHER'S NAME (First, Middle, Last)		•			ME (First, Middle, Mak		_				
BE	Abram Bredt 196. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Street		nascertai			19115			
2	Naomi Blackman					Philadelp			sylvania			
	20a. METHOD OF DISPOSITION 1 🔯 Burlel 2 🗆 Cremation 3 🗆 Remo 4 🗆 Donation 6 🗀 Other (Specify)	1927	20b. PLACE OF DISPO other place) Montefior	e Cemete	ry	Ph	LOCATION .		own, Stata a, Pa.			
	21. SIGNATURE OF FUNERAL SERVICE LICE Vorsald. 4		tien	DONAL		N HEBREW			FUNERAL HOME			
	23. PART I. Enter the disesses, or conshock, or heart feliure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)			leasef		h ss cardiac or re	apiratory :	arreat,	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
MEDICAL	PART II. Other significant conditions Reg poly	contributing to dea	th but not resulting	In the undariying	g causa given in	PER	AN AUTOPS FORMED?	Y 24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MA			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE DF DEATH (C)	eck only one)						
YSIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER	Outpatient 3 DOA	OTHER: 4 2 Nursing Hor	ne 5 🗆 Rasidence	8 Other (Specify)						
ву Рн	27. MANNEB-OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJI (Month, Day, X	ear) IN	M 1 _	JURY AT ORK? YES 2 ND	28d. DESCRIBE HD						
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE DF IN- building, atc.	JURY — At home, farm, (Specify)	street, factory, offi	D0	28f. LOCATION (Str City or Town, S	eet and Num tate)	ber or Rural	Route Number,			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER								(a) and manner as stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER				D S/9	MBER 57	29d. D	ATE SIGNE	2 (Month, Day Year)			
-	Dr. Milan Sasek,				Drive, S	uite 201	, Sil	ver S	pring, Md.			
	STORY GO MA	32. REGISTRAR'S Y 2 9 1990	Signatur Sulie Su	idson Aland	her.							

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24 Tours after death. Page 6 may be retained by the hospital or attending physician. Filled in by the funeral director, page 5 should be detached for use as the bund-train TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the

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Inpictory mich in	, cremation, or re	event, the med	
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Dy the attending	and Mental Hygie	any injury, or oth	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO

	FOR STATE REGISTRAR	STATE OF MARY		PARTMENT			MENTAL	HYGIEN	E			
ŀ	1. DECEDENT'S NAME (First, Middle, Last)			-				OF DEATH		YEAR 3	. TIME OF DEA	ATN .
,	Cynthia	Ly:	nn	Wi	lson		монтн 5-	20 - 90	AV .	YEAR	11:06	РМм
1	4. SOCIAL SECURITY NUMBER		E (In yrs. last birth			IF UNDER 24 HRS.	7. DATE (Dev. Year)		B. BIRTNPL Country)	ACE (State or I	
i	213 52 1636	1 - M 2 DEDE 41	, YI	RS. MONTHS	DAYS	HOURS MIN.	Dec.	30,	1948		h Caro	olina
1	9a. FACILITY NAME (If not institution, give	street and number)				R LOCATION OF DE	ATN		9c. COUNT	TY OF DEA	TN	
DIRECTOR	Route 40 and Ci				asec				Balt	imor	e Cour	ity
H	10a. STATE 10b. COUNT	·	100	CITY, TOWN						1	Od. INSIDE CIT LIMITS?	Υ
		timore		Middl								§ NO
FUNERAL	100. STREET AND NUMBER 5 Honeysuckle	Lane 21220			101	21220)		USA	EN OF WH	AT COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ABMED			ENDENT OF HISPAN			or No—	14. RACE -	- American inc	ilen,
	1 Never Married 203 Merriad	IF YES, GIVE WAR OR				city Cuban, Maxica 2 200 Specify		lican, alc.)				1
BY	Specify: Specify:									1100		
COMPLETED	4.4.		war er	io use	Terv							
8	17. FATHER'S NAME (First, Middle, Last) Herman Parks					18. MOTNER'S NA	ME (First, A Clif		Surname)			
BE	19a, INFORMANT'S NAME (Type/Print)	·	405 444	II INO ADDRES	O (Dans et a	nd Number or Rural F			- Chair Tin	On del	254	
6	Herman Parks	Father				Drive.						
						netery, crematory or			CATION — C	-		6
	20a METHOD OF DISPOSITION P Burlel 2 Cremation 3 Ren 4 Departon 5 Other (Specify)	noval from State	other place)				7				•	Coa
	21. SIGNATURE OF FUNERAL SERVICE DOESSEE 22. NAME AND ADDRESS OF FACILITY											, 50.
	Kindnes !!	5	/			inski Fu						
-4	1	770				ld Easte						
	35. PART i. Enter the diseases, or shock, or heart failure.	complications that caus List only one cause on		Do not anta	r tha mo	da of dying, suc	h sa card	liac or resp	iratory arre	est,	Approxi	mata Between
1	IMMEDIATE CAUSE (Final										Onset s	nd Death
	disease or condition Multiple injuries										-	
	DUE TO (OR AS A CONSEQUENCE OF):											
8	Sequentisily list conditions,	b	S A CONSEQUEN	ICE OE)							 	
CERTIFICATION	if eny, lesding to immediate csuse. Enter UNDERLYING	502 10 (011 74	D A GONGEGGEN	. o. j.							İ	
E	CAUSE (Diseese or injury that initiated events	CDUE TO (OR A)	S A CONSEQUEN	ICE OF):							†	
E	resulting in death) LAST											
									UT 2004		1	The second second
¥.	PART ii. Other significant condition	ns contributing to deeth	n but not resui	iting in the u	nderlyin	g ceuse given in	Part i.	24a. WAS AN PERFO			WERE AUTOPSY AWAILABLE PRIC	OT R
BY PHYSICIAN: MEDIC							- 1	XXX YES	NO 🗆		OF DEATH?	r CAUSE
ME	XMXY								XYES 2	NO		
ž												
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ	R:	ACE OF DEATN (Ch						
YS	XXXES 2 NO	1 Inpetient 2 ER/O	-		_	e 5 Realdence	_		Scene			
F	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Yea 5-20-90	7) 28	Ib. TIME OF INJURY	WC	ORK?		CRIBE NOW			1	
BY	Accident Investigation		10:09P		YES AND NO		ESTITLA ATION (Street			by aut	.os	
	3 Suicide 6 Could not be 4 Nomicide delermined	28a. PLACE OF INJU building, atc. (S	(pecify)	-	стогу, отне	•	City	or Town, State)			
				oad					THE RESERVE TO A STREET		, Balt	ımore
COMPLETED	and	SICIAN: To the best of my kn HER: On the basis of examine									and manner a	n stated.
	254 MICHATURE AND TITLE OF CERTIFI	en, D/				29c. LICENSE NU	MBER		29d, DATE	SIGNED /	Month, Day, Yei	er)
8	White We	46,00				OCME			•	5-21		
2	30. NAME AND ODRESS OF PERSON W		DEATH (ITEM 27	(Type, Print)								
	'Margarita A. Ko	rell,MD			1 Pe	nn Stree	t,Ba	ltimor	e,Md	2120	1	vc
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAY 2.9 1990 32. REGISTRAR'S SIGNATURE												

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after death. Page 6 may be retained by the hospital or attending physician.

Pages 1, 2, 3 should

permit.

tached for use as the burial-transit

1C.B.

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

1 Netural Accident

3 Sulcide

4 Homicide

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Investigation

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DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de		them 28 to marked or item 23 chaus any injury or other fraumatic event the medical examinar must be notified at or
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90 14654 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR O MONTH. WILLIAM YANCEY 00 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS 230-56-5265 1 M 2 F VA. 04-27-44 9a, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNION MEMORIAL HOSPITAL BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY toc. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE, CITY1 X YES 2 NO 10a STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 1520 LOCHWOOD RD. 21218 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES XXNO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced BLACK ED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only high E Elamentary/Secondary (0-12) College (1-4 or 5 +) COMPL 8th GRADE DAVIDSON MOVING & STORAGE 17 FATHER'S NAME (First Middle Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) AARON DUNN ROSALIE YANCEY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARY ANN YANCEY LOCHWOOD RD. /BALTO. 21218 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State
ANNE ARUNDEL (20e, METHOD OF DISPOSITION
1 ☑ Burlal 2 ☐ Cremation 3 ☐ Re MD. CEDAR HILL CEMETERY 4 Donetion 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY MARCH F.H. 1101 E. NORTH 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart fellure. List only one cause on each line. Interval Between **Daset and Death IMMEDIATE CAUSE (Finel** Aspiration disease or condition___ 6 days resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Amyotrophic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS MEDICAL PERFORMED? **AMILABLE PRIOR TO** 1 TYES 2 NO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO Inpetient 2 - ER/Outpatient 3 - DOA e 5 🗆 Residence 6 🗀 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF 28c. INJURY AT WORK?

29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

28e. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify)

29b. SIGNATURE AND TITLE OF CERRIFIER

1 YES

2 NO

29c. LICENSE NUMBER

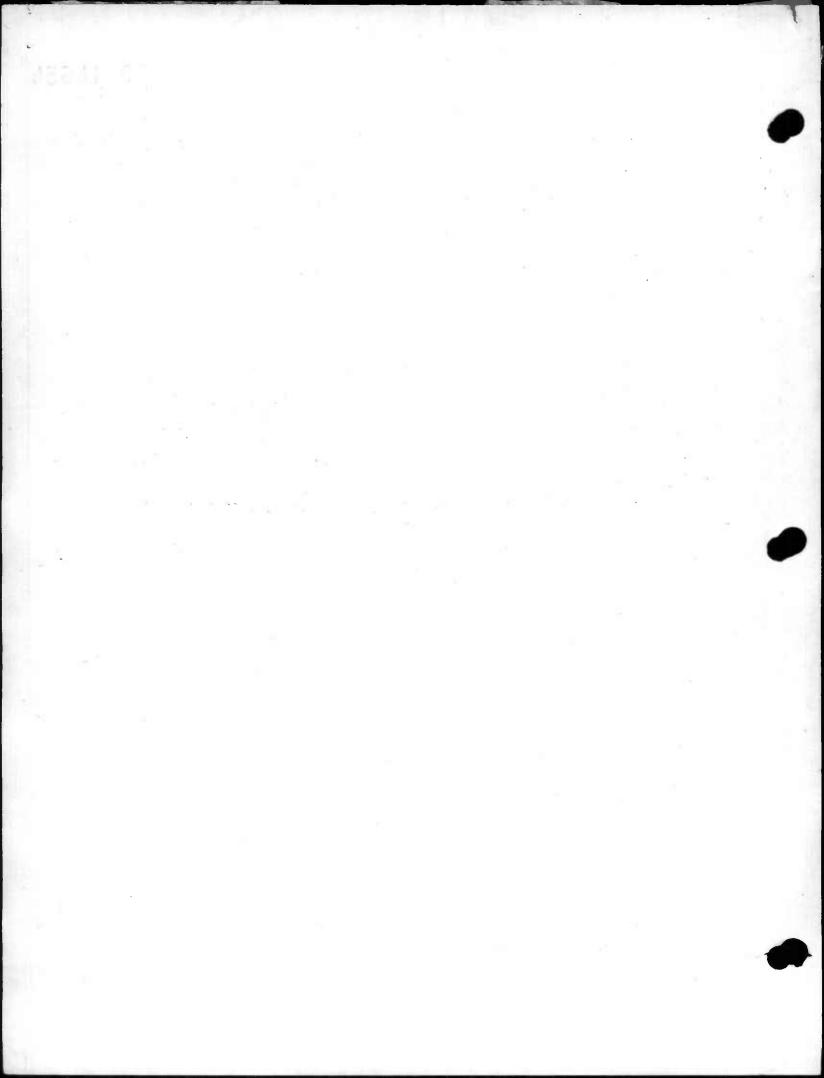
261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d, DATE SIGNED (Month, Day, Year)

H. Arbas MD 5-24ara N/A 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

м

TAMARA H. ABBAS MD, 201 E. UNIVERSITY PARKWAY BALTIMORE.



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical especial programs or the medical especial programs.	DALLIMORE, MARTLAND	ours after death. Page 6 may be retained by the hosp	I in by the funeral director, page 5 should be detached	medical examiner must be notified at once.	
	DIVISION OF VITAL RECORDS, F.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be a seminary or seminary or seminary or seminary.	De fled Within 72 hours aret death with the state uppl, or regula and hence plot to builds, creatator, or termon. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1. DECEDENT'S NAME (First							UF	DEAT	I II	2. DATE	OF DEATH		VEAR	3. TIME OF DEATN
E	leanor	r Loui	se	Arms	stea	ad				MONT	y 2"	7 90	YEAR	
4. SOCIAL SECURITY NUMBER 2 18 - 36 - 43		5. SEX		in yrs. lest b		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 3-14-25			B. BIRTHPLACE (State or Foreign Country)	
9e. FACILITY NAME (If not in	nstitution, give s	treet and number)				9b. CITY, TOWN OR LOCATION OF D						9c. COUN	TY OF DE	ATH
109 Holl	ins f		Roac	1				ndal		Anne				rundel
10e. STATE	10b. COUNTY	Arund	2]		10c. CITY,	rnd								10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		- 111 0110	-		1 6	illu						T		1 YES 2XXNO
109 Holli		erry Ro	a d				101	210				10g. CITIZ	USA	NAT COUNTRY?
11, MARITAL STATUS 1 Never Merried 2 3 Wildowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO		H	yes, sp		n, Mexice	n, Puerto	i? (Specify Yes Rican, etc.)	or No—	Specif	— Americen Indjan, , White, etc. y:
15. DEC	EDENT'S EDU	CATION		18e. DECE	DENT'S U	SUAL OC	CUPATIO	ON		18b	. KIND OF BUS	SINESS/IND		CK
(Specify one Elementary/Secondary (I 12th	ly highest grade 0-12)		ollege (1-4 or 5+) Self-En				work done during most of working se retired.) MPloyed							
	fiddle, Lesti				, <u>.,</u>	3	-	18 MOT	HER'S NA	MF (First	Miririla Mairian	Surnamal		
17. FATHER'S NAME (First, Middle, Lest) Richard Scott 18. MOTHER'S NAME (First, Middle, Meiden Surname) Cora Hammond 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)														
Joseph Ar	rmstea	a d		10)9 H	011	ins	Fe	rry	Rd.	Ferr	ndale	, N	ID 21061
20e. METHOD OF DISPOSITION 1														
21. SIGNATURE OF FUNERA		CENCEE	- 1 6	reer	Illiou			IETE ND ADDRE		CH ITV	I Ba	altin	10 r e	MD
> 40 00	dia i	Dane)					H F			1 E.	NORT	- Н А	VE.
23. PART I. Enter the dahock, or himmediate CAUSE (Fidisease or condition resulting in death) Sequentielly list condition, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injection)	Rions, chiate	a. DUE TO	(OR AS A	tatic	LENCE OF	anc					ve v			Approximate Interval Batwee Onset and Dest
that initieted events reaulting in deeth) LAS		d.	(OR AS A	A CONSEQU	IENCE OF)									
PART II. Other signification	ent condition	ns contributing to	deeth b	out not res	suiting in	the un	derlyin	g cause	given in	Part i.	24a. WAS AN PERFOI 1 TYES 2	RMED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
or was over percepts :	DO MEDIONI													
25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:				OTHER		LACE OF E	JEATN (Ch	юск only о	ne)			<u> </u>
1 YES 2 7NO 1 inpetient 2 ER/Outpatient 3 DOA 4 Nursing Name 5 PResidence 6 Other (Specify)														
27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28e. DATE Of (Month, I	Pay, Year)		28b. TIME INJU		WC	JURY AT ORK? YES 2 [□ NO	28d. DE	SCRIBE NOW	NJURY OCC	URED	
2 Pulalda	Could not be determined	28e. PLACE (building	F INJURY etc. (Spec		e, farm, at	reet, fact	ory, offic	:0		28f. LOC C/ty	CATION (Street or Town, State)	end Number	or Rural F	loute Number,
on ordinary	TIEVING BUVE	ICIAN: To the heat o	my know	riedge, deat	h occurred	at the ti	lma, date	end place	e, end due	to the ca	use(e) end ma	nner ee stete	w/	
one)) and manner ee stated.

REGISTRAR'S SIGNATURE

SETTE HE

E1

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

AR

31. DATE FILED (Month, Day, Year)
MAY 3 01990

	1 - STATE REGISTRAR	STATE OF MARYL					DEAT			YGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF C				3. TIME OF	OEATH	
	RALPH	BOSWELL							монтн 5	2		O	7:30)	mq
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ('in yrs. last i	birthday)	IF UNDER		IF UNDER		7. DATE OF B	IRTH		6. BIRT	HEL ARE COLOR		
	306-22-4738	M 2 □ F	65	YRS.	MONTHS	DAYS	HOURS	MIN.	5-22-			_	Misso	ouri	
~	9e. FACILITY NAME (If not institution, give st				9b. CITY	TOWN C		on of DEAT	TH			NTY OF I			
DIRECTOR	6905 Belai	r Ra.										Balt	imore		
띭	10e. STATE 10b. COUNTY			10c. CITY	, TOWN C	R LOCAT	ION						10d. INSIDE		
		altimore				Ove	rlea						1 TYES		
FUNERAL	10e. STREET AND NUMBER	7.1				101	. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNT	RY?	
<u>N</u>	6905 Belai							206					S.A.		
	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS OECEDENT EVER IN FORCES? 1 YES	2 77 NO	ED	1	f yes, sp	ecity Cube	n, Mexican,	CORIGIN? (Sp Puerto Rican		or No-		E - American ck, White, atc.	Indien,	
B⊀	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES			I 📋 YES	2 NO	Specify:				Spec	Whit	:e	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, OECI	EDENT'S	USUAL O	CCUPATIO	ON ast of workin	ırı	16b. KIN	O OF BUS	SINESS/IN	OUSTRY			
COMPLETED	Elemantary/Secondary (0-12)	College (1-4 or 5+)	Mo. E	Do NOT us	e retired.)	_		_	1						
₽	8th			Par	ng	Con	trac			_	Pav	ing			
	17. FATHER'S NAME (First, Middle, Linst) ROBBIE BOSWE	11ء					16. MOTH	Laur	e (First, Middle a Le		Surname)				
B	19s. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	S (Street a	nd Number	or Rural Ro	ute Number, C	ity or Tow	n State Zie	n Code)			
2	Penny Roesner								ay B				234		
	20s. METHOD OF DISPOSITION	206	PLACE O	F DISPOS									own, State		
	4 Donation 5 Other (Specify)	oval from State	other plac	rder	s of	Fa	ith (Cem.			Esse:	x	Md.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11					SS OF FACI		_	00.11				
	Connelly	1- unital	Ho	me									Ave. 2	2122J	T
	23. PART i. Enter the diseases, of a shock, or heart failure.	complications that plaused List only one course on a	the dea	th. Do n	ot enter	the mo	de of dyl	ing, euch	es cerdiec	or respi	iratory er	rest,		oximate ral Betw	
	IMMEDIATE CAUSE (Final										eath				
	reaulting in death)	OUE TO (OR AS A	CONSEGU	HE	ul	41	-								
ا ج		DUE TO (OR AS A	e C	2.14	0 13	R	BARA	V. Z.A	2 4 M	10	- 6	1-00	برم		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQU	JENCE OF):			,	/	70/	1	700			
₹	cause. Enter UNDERLYING CAUSE (Disease or injury	cofp.	DB	m An	Zen		OL	o Ca	14.	Tr	4/	,			
E	that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQU	JENCE OF):										
H	resulting in deedily CAST	d													
CAL	PART II. Other eignificant condition	a contributing to death b	out not re	sulting i	n the Ur	deriyin	g cause (given in P	art I. 24s	. WAS AN	AUTOPSY	24	b. WERE AUTO		INGS
									_ 10	YES 2			AVAILABLE F COMPLETION OF DEATH?		SE
Ä									_				1 TYES	2 NO	
PHYSICIAN: MEDI															
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		Т	OTHE		LACE OF 0	EATH (Chec	ck only one)						
₹	1 TYES 2 MO	1 Inpetient 2 ER/Outp		DOA 26b. TIM		alog Hon 28c. INJ	-		Other (Sp 28d. DESCRII		IN HIRY OC	CUBED			
	1 Netural 5 Pending	(Month, Day, Year)		INJ		WC	YES 2		200. DESCRI	SE NOW	MJOH! OC	CONED			
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At hom	ne, farm, s	treet, faci	lory, offic	10		26f. LOCATIO	N (Street	and Numbe	r or Rural	Route Number		
Ë	4 Homicide determined	building, etc. (Spec	спу)						City or io	wn, State)					
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	rledge, dest	th occurre	d at the t	ime, date	end place	, end due to	o the cause(s) and me	nner as sta	rted.			
S .	anal	R: On the basis of examination	end/or In	vestigatio	n, In my o	opinion, c	leath occur	red at the ti	lme, date and	piece, ar	nd due to t	he cause	(s) and manne	r sa state	id.
BEC	29b. SIGNATURE AND WILE OF CERTIFIED						29c. LICI	ENSE NUME	BER		29d. DA	TE SIGNE	(Month, Day,	Year)	
10 B	to the	fr.	er s	in	•		I	7.14	221		•	5.	27-	-5.	
		a make the control of												100	

DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SH

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERT	IFICATE O	F DEATH	REG. NO).			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR	3. TIME OF D	EATH
Susie Banks						7	90	4:00	PM M
214 20 1047	Control Section 1	8. AGE (In yrs. lest birtho	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Count	IPLACE (State o	r Foreign
	1 🗆 M 2 💢 F	87 YR	s.		3/12/03		Nor	th Car	rolin
9a. FACILITY NAME (If not institution, give atree	et and number)		9b. CITY, TOW	OR LOCATION OF D	EATH	9c. COUR	NTY OF D	EATH	
Pleasant Manor	Nursin	g Center	Balti	more, M	d. 21215				
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c.	CITY, TOWN OR LO	CATION				10d. INSIDE C	HTY
Maryland		46	15 Park	Height	s Ave. B	a 1 t h		LIMITS?	□ NO
Maryland 10e. STREET AND NUMBER		130		101. ZIP CODE	B AVE. D			WHAT COUNTRY	
4615 Park Heigh	hts Ave	r.		21215		,	2 11	70	
	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS 0	ECENDENT OF HISPA	NIC ORIGIN? (Specify Y		14. RACI	E — American I	ndlen,
1 Never Married 2 Married	FORCES? 1			specify Cuben, Mexic ES 2NO Speci	en, Puerto Ricen, etc.) fy:		Spec	k, White, etc.	-1-
3 🕅 Widowed 4 🗌 Divorced				X.				Blac	JK.
15. DECEDENT'S EDUCA (Specify only highest grade co	TION empleted)	(Give kind	NT'S USUAL OCCUPA d of work done during	TION most of working	16b. KIND OF B	USINESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)		OT use retired.)						
17. FATHER'S NAME (First, Middle, Last)		lCivil	Servic	e/Homem		. 6			
, , , , , , , , , , , , , , , , , , , ,					AME (First, Middle, Meide	n Sumame)			
George Washir	igton	405 6444	ING ADDRESS /O		CPherson Route Number, City or To	un Ctate 71-	Corles		
Dr. Cornelius Wa	achina+							Ma o	1122
200. METHOD OF DISPOSITION	isningt			COULT R	d. Randa	LSTOV OCATION -			1133
1 🖾 Burial 2 🗆 Cremation 3 🗆 Remov 4 🗆 Donalion 5 🗆 Other (Specify)	al from Stale	other place)						n, N.C	4
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME	AND ADDRESS OF F	ACILITY		111		
11.	0 //		_				-	hts. A	AVe.
James .	C.)	somes			Jones Fu				
23. PART I. Enter the diseases, Dr CD ahock, Dr heert fallure. Li			DD NOt enter the	node of dying, au-	on as cardied of rea	piratory an	rest,		Between
IMMEDIATE CAUSE (Finel disease or condition	Alaas.		11	0	DD. D. C.1	1		Onset	and Death
resulting in desth) s.	RANKA	OR AS A CONSEQUENCE	u treaut	went 4	Romal Ef	rulyn	7	. 7-1	105.
	DUE TO	OH AS A CONSEQUENT	11/11/14	110				1.4	400
Sequentielly list conditions, b.	DUE TO	OR AS A CONSEQUENC	E OFI:	ui.				400	us,
if any, leading to immediate cause. Enter UNDERLYING								ļ	
CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSEQUENC	CE OF):			-			
resulting in death) LAST									
PART II. Other significent conditions	contributing to	deeth but not result	ing in the underly	ring cause given in	Part I 24a WAS A	N AUTOPSY	241	b. WERE AUTOPS	Y FINDINGS
1 C.DA - 16	+ Hemi	Plesia	ing in the anten	my cause given in	PERF	ORMED?		AVAILABLE PR	NOR TO
Diabetes	Wellit	A CONTRACTOR	+ INCOT		1 TYES	2 <u>□</u> NO		DF DEATH?	
Diasers	Tractite	y Maria	1 000	· · · · · · · · · · · · · · · · · · ·				1 YES 2	⊔ мо
25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C	Check only one)				
	HOSPITAL:	ER/Outpatient 3 🗆 Do	OTHER:						
27. MANNER OF DEATH	28e, DATE OF	INJURY 28b	TIME OF 28c.	INJURY AT	8 Other (Specify) 28d. DESCRIBE HOV	/ INJURY OC	CURED		
1 Netural 5 Pending	(Month, De	ly, Year)	INJURY	WORK?	250.257,200-3-0-0				
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	F INJURY — Al home, fr	erm, street, factory, c	ffice	26f. LOCATION (Street	t and Number	r or Rural	Route Number,	
4 Homicide determined	building,	etc. (Specify)			City or Town, Sta	to)			
290. CERTIFIER 1 DERTIFYING PHYSICI	AN: To the best of	my knowledge death o	ocurred at the time of	ate and place and de	us to the cause(s) and m	anner ee sta	ted		
(Check only one) 2 MEDICAL EXAMINER:								(e) and manner	as stated.
295, SIGNATURE AND TITLE OF CENTIFIER				29c. LICENSE NO	IMBER	29d DAT	E SIGNE	D, (Month, Day, Y	fact
Jami Funzale	W IM			D15124		DE	120	100	-3/
30. NAME IND ADDRESS OF PERSON WHO	10.00	SE OF DEATH (ITEM 27)	(Type, Print)		<u> </u>		1-1	1711	
Dr. Punzalan 52	214 Har	ford Ro	Balto.	.Md. 21	214				
Dr. Punzalan 5	A BEGINTAN	CASIONAT VIRE	20200	11100 21					
MILI 0 - 1330	0								

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-points after death. Page 6 may be retained by the hospital or attending physician.

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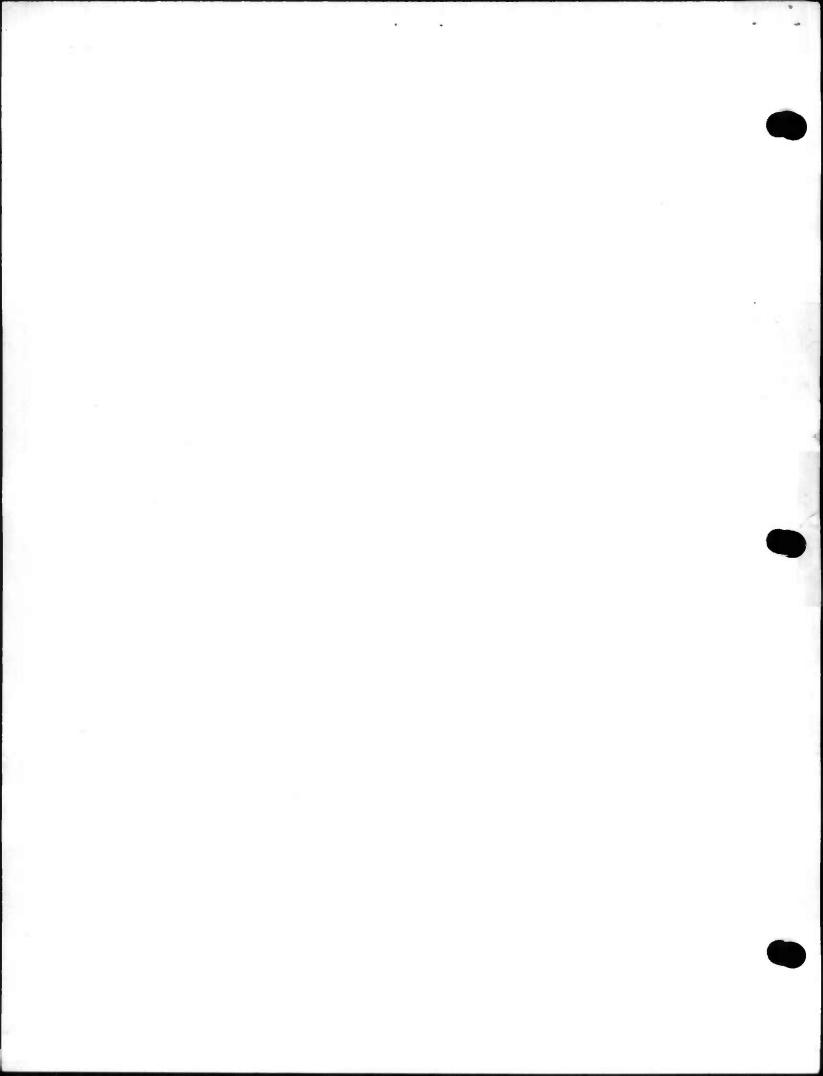
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE O	F DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				DADY)	2. DATE OF	F DEATN	VPAD	3. TIME OF DEATH			
Ì	JASMINE J	ERVEL,	BEI	LAMY	BABY)	MONTH 5	26	90	9:34 A M			
,	4. SOCIAL SECURITY NUMBER NA	5. SEX 6. /	NGE (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF (Month, 1)	BIRTN Day, Year) 29/90	B. Berry Coun	HPLACE (State or Foreign try) MD			
	9a. FACILITY NAME (If not institution, give st	reet and number)			N OR LOCATION OF O	EATN	9c, C	OUNTY OF	DEATN			
TOR	Johns Hopkins	Hospital		В	altimore							
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY			LTIMO	RE, CITY	1		10d. INSIDE CITY LIMITS? 1 🕍 YES 2 🗌				
IERAL	930 RUTLAND A	VE.			21205	10g.	US A	WHAT COUNTRY?				
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS OECEOENT EV FORCES? 1 I IF YES, GIVE WAR	YES 2 V YO	If yes	SECENDENT OF NISPA specify Cuban, Maxic (ES 2 NO Speci	an, Puarto Ric			E — American Indian, ok, Whita, etc. offy: BLACK			
	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUP	ATION	16b. K	INO OF BUSINESS	INOUSTRY	-			
COMPLETED	Elementary/Secondary (0-12) CHILD	College (1-4 or 5+)	CHIL.	work done during	most of working							
BE CON	17. FATHER'S NAME (First, Middle, Leet) JAMES BELLAMY						ddle, Melden Sumem GILBERT	e)				
TO B	198. INFORMANT'S NAME (Type/Print) ESTHER GILBERT		19b. MA1LIN 140	8 N.	et and Number or Aural FULTON	ST./	BALTO,	MD.	21217			
	20s, METNOD OF DISPOSITION 1 M Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	WESTERN		cemetery, cremetory or CEMETER		CATO					
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	7		MARCH		1101	F. N	ORTH AVE.			
-	23. PART I. Enter the diseases, or o	complessions that as	used the death. De						Approximate			
	ahock, or haert failure. IMMEDIATE CAUSE (Final	List only one cause	on each line.	SYNDR					Interval Between Onset and Daeth			
ATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING											
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST											
8	DART II Out an also Manach and Mala					- B I						
PHYSICIAN: MEDICAL	PART II. Other algolificant condition	e contributing to de	ith but not reaulting	in the under	ying cause given in		24a. WAS AN AUTOF PERFORMED? 1 YES 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 1 YES 2 NO			
Z		1										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	. PLACE OF DEATH (C	check only one,)					
PHYS	1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending	1 ☐ Inpatient 2 ☑ EF 26a, DATE OF INJ (Month, Day,	URY 28b. T	ME OF 280	Home 5 Residence INJURY AT WORK?	7	(Specify) RIBE NOW INJURY	OCCURED				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State)								I Route Number,			
COMPLETED	(Greck only	ICIAN: To the best of my ER: On the basis of axam							e(a) and manner as stated.			
BE	29%. SIGNATURE AND TITLE OF CERTIFIE	aslet	Mal		29c. LICENSE N		29d.		27 - 90			
0	30. NAME AND ADDRESS OF PERSON WH Mario F. Golle		/		n Street		Baltimo					
	31. DATE FILED (Month, Day, Year)	32 REGISTRAD'S	SIGNATURE					-,				
- 3	MAY 3 0 1990 da	· Javidson-18	indett									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	IAIE UF MARYLA		ICATE OF		ТН	REG. NO.		3. TIME OF DEATH			
	PORTIF		NWO.				MONTH DAY		6:35 P. M			
	4. SOCIAL SECURITY NUMBER 5. S		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS. 7	(Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	2/9-10-6527 1 9e. FACILITY NAME (If not institution, give street e		70 YRS.	9b. CITY, TOWN	00.000		4/1/20	9c. COUNTY	Maryland			
œ				96. CITY, TOWN				9c. COUNTY	OF DEATN			
18	Homewood Hospital S	outh			Balt	ımore						
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOC	Balt	imore			10d. INSIDE CITY LIMITS? 1 1 YES 2 1 NO			
	10e. STREET AND NUMBER			1	of. ZIP CODE			10g. CITIZEN	OF WNAT COUNTRY?			
ER.	3007 W. North Avenu	ie			2	21216			USA			
BY FUNERAL	1 Never Merried 2V Merried	WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DAT	2 NO	If yes, o	CENDENT O	n, Mexicen, i	ORIGIN? (Specify Yes Puerto Rican, atc.)	or No 14.	RACE — American Indien, Black, White, atc. Specify: Black			
ETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	oleted)	16e. DECEDENT'S (Give kind of a life. Do NOT us	work done during n		ng	18b. KIND OF BUS	INESS/INDUS	TRY			
once.												
8 0	17. FATNER'S NAME (First, Middle, Last)				16. MOTI	HER'S NAME	(First, Middle, Maiden	Sumeme)				
BE at							rnell Smad					
To To	190. INFORMANT'S NAME (Typo/Print) Alvin Brown		196. MAILING	a malitation, Account			Apt 409					
2	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Ramoval	20b.	PLACE OF DISPOS						or Town, State			
Ē	4 Donation 5 Other (Specify)			ison For	rest \	/.A. (Cem. Ow	ings M	ills, MD			
examine	21. SIGNATURE OF PRICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximates											
ry, or other traumatic event, the medical examiner must be notified at once CERTIFICATION TO BE CON	shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) ANOXIC and SEPTIC ENCEPHALOPATHY DUE TO (OR AS A CONSEQUENCE OF): URINARY TRACT INFECTION DUE TO (OR AS A CONSEQUENCE OF): LIPPER GI BLEEDING CAUSE (Disease or Injury											
	that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE O	r):								
MEDICAL	PART II. Other significant conditions co		nt not resulting		ing ceuse	given in Pr	ert I. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
m 23 sl	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF D	EATH (Check	k only one)					
SICI/		SPITAL: Sinpatient 2 - ER/Outpu	itlent 3 🗆 DOA	OTHER: 4 Nursing No	ome 5 🗆 Re	esidence 6	Other (Specify)					
marked, or BY PHYS	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY V	NJURY AT YORK? YES 2 [ed. DESCRIBE NOW II	NJURY OCCUI	RED			
Z8 IS	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm,	street, factory, of	fice	2	est. LOCATION (Street e City or Town, State)	and Number or	Rural Route Number,			
IMPORTANT: If Item 28 O BE COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN 2 MEDICAL EXAMINER: O								cause(e) and menner as stated.			
APORTA	296. SIGNATURE AND TITLE OF CERTIFIER	alit, m	-D.		29c. LIC	ENSE NUMB		29d. DATE S	13 Pop (Month, Day, Year)			
일	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	, Print)	0.0							
	A.C. CHOUVAL	IT, M.T		OWEM	000	HC	SPITAL	CEI	VIER			
	31. DATE FILED (Month, Dey, Year)	32, REGISTRAR'S SIGNA	TURE									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crema IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event,

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	ANNA	MARIE			BLA	IR			May	28,04	1990	YEAR.	82000
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	est birthday)	IF UNDER 1 Y	YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		6. BIRTHE	PLACE (State or Foreign
	213-03-1623	1 🗆 M 2 🌠 🗲	95	YRS.	MONTHS C	DAYS	HOURS	MIN.	QCt	Day, Year)	894	Mary	yland
	9e. FACILITY NAME (If not institution, give a	(reet and number)		-	9b. CITY, TO	OWN O	R LOCAT	ION OF DE				ITY OF DE	
¥	Stella Maris	Hospic	2 .	,	Tow	SOI	n			1	Mar	ylan	nd ,
5	RESIDENCE OF DECEDENT						-				L		
DIRECTOR	10a. STATE 10b. COUNTY	ſ			Y, TOWN OR		ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
	Maryland			Ba.	ltimo								
\$	10e. STREET AND NUMBER	D . 3					ZIP COD						HAT COUNTRY?
FUNERAL	4101-2 Old York					_	212				U.S		
	1 Never Merried 2 Merried	12. WAS DECEDEN		MO	lf y	res, spe	city Cubi	nn, Mexica	n, Puarto I	l? (Specify Yea Rican, atc.)	or No-	Black,	- American Indian, White, atc.
2	3 X Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES		10	YES	2 X NO	Specifi	y:		- 1	Specify	White
	15. DECEDENT'S EDU		16e. D	ECEDENT'S	USUAL OCC	UPATIO	N		16b.	. KIND OF BUS	INESS/IND	USTRY	WILLOC
.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	1)		work done dur se retired.)	ing mos	it of work	ing					
COMPLET	6 Years -		H	ouse	wife					Home			
5	17. FATHER'S NAME (First, Middle, Last)					\neg	18. MOT	HER'S NA	ME (First, A	Middle, Melden	Surname)		
מ	William		N	evil	le		Ma	ry					Ryan
	19e. INFORMANT'S NAME (Type/Print)									ber, City or Town			
-	Bertha M. Ra:	idt	_						ew W	ау То	wson	, M.	D 21204
- 1	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem	oval from State	other i	place)	SITION (Name						CATION —		
	4 Donation 6 Other (Specify)		New	Cath	edral					Bal	timo	re,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ZENSEE						ESS OF FA		son P	. A . F	une	ral Home
	Erelyn,	I.C	John	con									ral Home ,MD21204
	23. PART I. Enter the diseases, or shock, or heart failure.	complications the	t caused the d	leath. Do i	not enter th	ns mod	de of dy	ing, suc	h ss card	diac or reapi	ratory arr	eat,	Approximate interval Between
	IMMEDIATE CAUSE (Final												Onset and Death
	disease or condition resulting in death) a. Blood Dyscrasia Due TO (OR AS A CONSEQUENCE OF):												
		DUE TO	(OR AS A CONS	EOUENCE O	F):								
Z O	Sequentially list conditions,	b	400 40 4 CONO.	FOLIENOE O									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	502 10	(OR AS A CONS	EUUENCE U	r):								
5	CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONS	EOUENCE O	F):								<u> </u>
	resulting in death) LAST	d											
	DARW II Other design	u											
DICAL	PART ii. Other aignificant condition	e contributing to	death but not	resulting	in the unde	eriying	cauae	given in	Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
									-	1 YES 2	NO NO		OF DEATH?
Z									-				1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					ne ne	ACE CO	DE ATL	anh · · ·				
PHYSICIAN:	EXAMINER?	HOSPITAL:	EDIO	٠ ا	OTHER:				neck only or				
έ∥	27. MANNER OF DEATH	1 Inpetient 2		28b. TIM	4 W Nursin	eg Home		lesidence	<u> </u>	CRIBE HOW II	NURY OC	TIBED	
	1 Natural 5 Pending	(Month, L		IN.	IURY M	WOF	RK? 'ES 2	□ NO	200,02	,		JOILED	
P P	2 Accident Investigation 3 Suicide & Could not be	26e. PLACE (OF INJURY — At I	nome, farm,	street, factor				26t. LOC	ATION (Street a	and Number	or Rural R	oute Number,
	4 Homicide 6 Could not be	building	atc. (Specify)							or Town, State)			
4	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	I my knowledge	leath occur	ad at the size	a data	and ele-	a and dir	to the ac-	spale) and more	mar an ed-4	ad .	
COMPLETED	(Check only one) 2 MEDICAL EXAMINE												and manner as stated.
	29b. SIGNATURE AND TITUE OF CERTIFIE												
M N	(A)	la 1.	alle	41	a do	2 1	AND LIC	ENSE NUI	J71	87	290. DAT	-/S &	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type	, Print)	V 4		4-0	- 10	<i></i>		120	2/2011
	Carlas Aleva	ander	mu		300	24	(la)	a Cul	Va11	ou RA	T	and sealing	of DIX
	31, DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE					7	0,11	7,100	. / (V)1.17)
	MAY0389999 du	the Davidson	_pands	ja .									
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ed by the hospital or attending physician.	uld be detached for use as the burial-transit permit. Pages 1,		ed at once.
L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by		i filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
TO THE HOSP!	TO THE FUNEF	be filed within	IMPORTANT:

90 14661 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH VEAR EDDIE DEAN BAKER 05 90 11:55pM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreig 1 X M 2 □ F MONTHS DAYS HOURS 215-60-1399 37 YRS 02 11 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2527 LOYOLA SOUTHWAY FUNERAL DIRECTOR BALTIMORE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? MD BALTIMORE YES 2 NO 10e, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2527 LOYOLA SOUTHWAY 21215 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 2 NO 1X Never Married 2 Married Specify: BY 3 Widowed 4 Divorced **NEGRO** COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) LONG SHOREMAN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) BENJAMIN BAKER ANNE M. BE STANLEY. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. ANNE M. BAKER SOUTHWAY BALTIMORE. MD 20a. METHOD OF DISPOSITION
1 Deurist 2 Cremetton 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION - City of PLACE OF DISPOSITION (Name of ca Murch LATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH L. RUSS FUNERAL HOME 2222-26 W. NORTH AVE. BALTO MD 21216 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory srrest, abock, or heert fellure. List only one cause on each line. Approximata interval Between **Onset and Death** IMMEDIATE CAUSE (Finsi Kespivatori diseese or condition_ resulting in death) OR AS A CONSEQUE mycobacterial infection PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF). if any, leading to immediate cause. Enter UNDERLYING cquired CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Protound a	neumo	U 7) .			2 NO
Central new	vous	siplen	1 1	ute	cho	4		
25. WAS CASE REFERRED TO MEDICAL					26. PLACE	OF DEATH	Check only one)	
EXAMINER? 1 YES 2 NO	1 Inpatie	AL: nt 2 DER/Outpetient	3 🗆 DOA	OTHE:		Residenc	e 8 Other (Specify)	
27. MANUER OF DEATH		ATE OF INJURY	28b. TIM	E OF	28c. INJURY	AT	28d. DESCRIBE HOW	INJURY OCCURE

1 - YES 2 - NO

27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)			28t. LOCATION (Street and Number or Rural Route Number, City or Yown, State)
29a, CERTIFIER (Check only	AN: To the best of my knowledge, de	eath occurred at the	time, data and place, and du	s to the cause(s) and manner as stated.

(Check only one) 2 MEDICAL EXAMINER: On the bests of examination end/or invest	The second secon	
and Hauf	29c. LICENSE NUMBER	29d. DATE SIGNED (Morttly Day, Year) 5/29/90

SAND ADDRESS	CE PERSON	940.0	MPLETPO	CAUSE OF	DEATH (ITEM 2	7) (Type,	Print)
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should b	be filed within 72 hours after death with the State Dept. of Health and Mental riggiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a	
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	FOR	STATE OF MARYLAND /	DEPART	rment o	F HEALTH	AND MI	ENTAL HYGIE	NE	90 14662
	1 - STATE REGISTRAR				OF DEAT		REG. N		19002
	1. DECEDENT'S NAME (First, Middle, Last) DORIS C	OLLINS					2. DATE OF DEATH	DAY	YEAR 3. TIME OF DEATH 5 PM
	4. SOCIAL SECURITY NUMBER 246-34-1285	5. SEX 6. AGE (in yrs. lust	YRS.	MONTHS DA	AR IF UNDER 2	24 HRS. 7	7. DATE OF BIRTH (Month, Day, Year)	1 . 1	8. BIRTHPLACE (State or Foreign Country) NorthCarolina
	9s. FACILITY NAME (If not institution, give str	eet and number)		9b. CITY, TO	WN OR LOCATIO	N OF DEAT		9c. COUN	ITY OF DEATH
TOR	St. Joseph Hosp	oital			Towson			BA	Altimore
DIRECTOR	10s. STATE 10b. COUNTY	Harford	10c. CITY	, town or L J	oppa				16d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	100. STREET AND NUMBER 628 F. Haborside	e Drive			101. ZIP CODE 210			10g. CITIZ	USA
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Olvorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IN IF YES, GIVE WAR OR DATES		If ye	s, specify Cuban		ORIGIN? (Specify Puerto Rican, atc.)	fee or No—	14. RACE — American Indian, Black, White, etc. Specify White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (9-12)	completed) (Gi College (1-4 or 5+)	lve kind of w Do NOT us	usual occu rork done durir retired.)	ng most of working	g	16b. KIND OF I	USINESS/IND	
BE COM	17. FATHER'S NAME (First, Middle, Last)	Lewis			16. MOTH	Char	e (First, Middle, Maid	en Sumame)	
TO B	196. INFORMANT'S NAME (Type/Print) Gary Wayne Colli						ute Number, City or a	own, State, Zip MAry]	
	20e. METHOD OF DISPOSITION 1 St Burlel 2 Cremation 3 Remo	20b. PLACE other pla	OF DISPOS		of cemetery, crem		20c.		City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE		ne	22. NAI	ME AND ADDRES		LITY		Ave. 21221
	THE STATE OF THE S	omplications that caused the de list only one cause on each line		ot enter the	e mode of dyle	ng, such	es cardiac or re	piratory arm	est, Approximate Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Now Card	lac	Qu	fout	dy	nerou	re	28 days
TION	Sequentially list conditions, If any, leading to immediate Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):							25 olays	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events rasulting in death) LAST	DUE TO (OR AS A CONSEC	OUENCE OF	Dhe Dhe	u ray	egu	Anteny	de	ease Years
_	PART II. Other significant conditions	s contributing to death but not r	esulting i	n the unde	rlying cause g	jiven in P	Part I. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL							1 YES	2) NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN:	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DI	EATH (Chec	ck only one)		
SICI	EXAMINER?	HOSPITAL: 1 Description 2 ER/Outpatient 3	□ DOA	OTHER:					
Y PHY	27. MANNER OF OEATH 1 Netural 5 Pending	26e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO					CUREO		
TED BY	2 Accident 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, s	street, factory	, office		26t. LOCATION (Str. City or Town, St		or Rural Route Number,
COMPLETED	(Othern Unity	CIAN: To the best of my knowledge, de							
BE CO	26. SIGNATUREJANO TITLE OF ESTITUES				29c. LICE	ENSE NUME			E SIGNED (Month, Day, Year)
2	24 NAME AND ADDRESS OF REPSON WAS	O COMPLETED CAUSE OF DEATH (ITE			75/70				

JOSEPH

HORPITAL

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MODONALD CL SA(N)

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DHMH-16 Rev 1/89

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the form filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical ex
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA			MENTAL	HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE C	F DEATH			3. TIME OF DEATH		
	ROSA LEE	COL	LINS			MONTH 05	DA Q	473	YEAR	355 AM		
	4. SOCIAL SECURITY NUMBER 5.		·	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH		BIRTHP	LACE (State or Foreign		
	212-22-8230 1 9a. FACILITY NAME (If not institution, give street	□ M 2 XF 65	YAS.	NTHS DAYS	HOURS MIN.	9/1	Day, Year) 2/25	9c. COUNT		YLAND		
DIRECTOR		ryland Hos			Himore		ND	SC. COUNT	T OF DE	111		
<u>ы</u>	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION					IOd. INSIDE CITY		
#	MARYLAND		BAL	LIMORE	CITY					LIMITS?		
- 1	10e. STREET AND NUMBER				ZIP CODE			tog. CITIZE		IAT COUNTRY?		
E	226 N. CAREY ST	REET		1.00	21217				USA			
FUNERAL		2. WAS DECEDENT EVER IN	U.S. ARMED		ENDENT OF HISPAN				4. RACE -	- American Indian,		
	1 Never Married 2 Married	FORCES? 1 YES			city Cuban, Mexica 2 NO Specify		can, etc.)		Black, Specify	White, atc.		
B₹	3 Wildowed 4 Divorced				A				B	LACK		
요	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION mpleted)	16e. DECEDENT'S US			16b.	KIND OF BUS	INESS/INDU	STRY			
<u>-</u>		College (1-4 or 5 +)	life. Do NOT use re	etired.)	or or working							
COMPLETED												
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, M	iddle, Malden	Sumame)				
BE (EDWARD WRIGHT	1			MAGO	GIE V	WRIGH	T				
6	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural i							
F	DELORES COLLIN	is	226 N.	. CARE	Y STREI	ET: 1	BALTO	. MA	RYL	AND 21217		
	20a METHOD OF DISPOSITION	20b.	PLACE OF DISPOSITI	ON (Name of cer	netary, crematory or		20c. LO	CATION — CI	ty or Tow	n, Stata		
	4 Denation 5 Dither (Specify)		WESTERN	STAR	CEMETER	RY	CAT	ONSV	ILLI	E. MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE O	A	22. NAME A	O ADDRESS OF FA	CILITY				AL HOME		
	770244	6 6 40			LIBERT							
_	23. PART/1. Enter the digresses, or con	polications that caused	the death. Do not							Approximate		
- 1	shock, or heart failure. Lis	t only one dause on ea	ich line.							Interval Between		
	IMMEDIATE CAUSE (Final disease or condition	V .								Onset and Death		
	resulting in death)	Seps	S COMPENSIONE OF							× days		
	DUE TO (OF AS A CONSEQUENCE OF):											
8	Sequentially list conditions, True to press a consequence on											
E	If any, leading to immediate cause. Enter UNDERLYING											
윤	CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	resulting in death) LAST											
뭥	d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 244. WAS AN AUTOPSY 240. WERE AUTOPSY FRIDINGS.											
CAL	PERSONANTO											
용	Diabetes Mu	Litus					1 YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?		
₩.	Dehydration								1 3	1 ☐ YES 2 ☐ NO		
PHYSICIAN: MEDIC	Hyper natre	mia										
¥.	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Chick only one)											
S	EXAMINER? HOSPITAL: OTHER											
ξ	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	INJURY 25b. TIME OF 25c. INJURY AT 25d. DESCRIBE HOW INJURY OCCURED									
BY P	1 Matural 5 Pending	Character Fred Lines	INJUR	TES 2 NO								
	T ALLEN	28e. PLACE OF INJURY — At home, farm, street, factory, office						fice Ist. LOCATION (Street and Number or Rural Route Number				
핃	a City or Rent. State) City or Rent. State)											
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my know	edge, death occurred	at the time date	and place, and due	to the cau	se(a) and mar	ner se state	4			
M	(Check only one) 2 MEDICAL EXAMINER:									and manner as stated.		
8	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU					Month, Day, Year)			
BE	CVIII I I I I			29C. LICENSE NUI	MDEN		290. DATE	SIGNED	Month, Day, Year)			
9	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									170		
	D 1 1 10 1 .	11			2 ()	1		E	2 . /	1		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAB'S SIGN	ATIME -	5p. L	2 South	Crai.	ne St.	0	ral i	more, MI)		
	MAY 3 0 1990	Julia Davidso	1- Hande									
	1111111 (6.1141)	- AMINO WAT LAND										

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death

DIRECTOR: A hours after de item 28 is .00

FUNERAL within 72 h MPORTANT: #

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burial-tran

detached for use as the

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 130 A H OdELL CLARK CAMILLA 5 -90 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 66 217-20-7554 1 M 2 FF 10-25-9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1807 N. BENTALOW ST BALT DIRECTOR 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d, INSIDE CITY mD BALT 1 LYES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE BEN 807 USA 21216 7 Low st WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. ti yes, specify Cuben, 1 Never Married 2 Married Specify. ВУ 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h. KIND OF BUSINESS/INDUSTRY (Specify only highest grade redery (0-12) College (1-4 or 5+) NURSE HOME LAGOR COMPL (62 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) PODE TURNER CARL TURNER 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BEN Johns 1807 mo 20e. METHOD OF DISPOSITION
1 Deurlei 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION -- City or Town, State ARBUTUS BALH 4 Donation 5 Other (Specify) MEMORIAL 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21213 Bette Funeral 1129 N. CARBLINE ST BALT MO 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition DUE TO (OR AS A CONSEQUENCE OF) arrest min. resulting in death) pneumona CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 100 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 7 SS 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: int 2 ER/Outpetient 3 DOA me 5 Reelde nce 6 - Other (Specify) 27. MANNER-OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ΒY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and dus to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Kausener Grotin Defe Mo
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 023809 5/29/90 Doyle Austra University of MD Caner M.D. 32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	HANE			2. DATE OF DEAT	DAY	YEAR 9	TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 8. SEX 8. AGE (In yrs 705 / 0 240 2 1 X M 2 - F 8 5	YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Yo.	H ar)	8. BIRTHPL	yland			
OR	9e. FACILITY NAME (If not institution, give street and number) Bon Secour Hospital		96. CITY, TOW Balt	imore, Ma	ryland	9c. COUI	NTY OF DEA	тн			
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	10c. CIT	y, town or Lo	CATION			10	Dd. INSIDE CITY			
	Maryland 10. STREET AND NUMBER	Ъ,	altimor			10-07		YES 2 NO			
FUNERAL	530 S. Smallwood Street			21223		log. Gri	USA	AT COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	∃ MO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Specif X	an, Puerto Rican, ate	ly Yea or No—	Black, V	American Indian, White, atc.			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	USUAL OCCUP/ work done during		16b. KIND O	F BUSINESS/INC					
COMPLETED	Elemeptary/Secondary (9-12) 5th grade College (1-4 or 5+)	Carm				Railroa	ad				
BE COM	17. FATHER'S NAME (First, Middle, Last) Herbert Chaney			18. MOTHER'S N	AME (First, Middle, Milary F. W	eiden Surname) OOd					
TO B	Patricia A. Shires	19b. MAILING 329	S. Ben	tlou St.	Balto. M	or Jown, Stete Zig d. 212	23				
	1 Burial 2 Cremation 3 Removal from State oth	er place)		cemetery, cremetory or		c. LOCATION —					
4 Donestion # Other (Specify) Loudon Park Cemetery Balto. Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hubbard Funer											
21. SIGNATURE OF FUNERAL SERVICE I ICENSEE 22. NAME AND ADDRESS OF FACILITY Hubbard Funeral Home 4107 Wilkens Avenue Balco. Md. 21229											
	23. PART I. Enter the diseases, or complications that caused the shock, or heart fellure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death) a	line.		- 8	ch es cerdiec or	reepiratory an	reet,	Approximate interval Between Onset and Death			
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that inkleted eventa resulting in death) LAST										
AL CE	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FIND										
EDICA						PERFORMED?		WAILABLE PRIOR TO OMPLETION OF CAUSE OF DEATH?			
≥	1 U YES 2 U NO										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		Y	PLACE OF DEATH (C	theck only one)						
IYSI	1 VES 2 NO 1 Inpettent 2 ER/Outpetlet			lome 5 Reeldence							
ву РНУ	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	28b. TIR	JURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE I	IOW INJURY OC	CURED				
8	3 Suicide 5 Could not be detarmined 28e. PLACE OF INJURY — A building, etc. (Specify)	At home, ferm,	street, factory, o	ffice	28t. LOCATION (S City or Town,		r or Rural Rou	rte Number,			
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the bests of examination and							and manner as stated.			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER LAGES AND MY			29c. LICENSE NU	ST3	29d. DAT	Signeo (A	Aonth, Day, Year)			
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH READER REPORTS		e, Print)	HOSA	of fal		,	10			
	31. DATE FILED (MONTH, Day, Year) 32. REGISTRAR'S SIGNATUR MAY 3 U 1990 June Javidson-Randal	RE									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE CERTIFICATE OF DEATH REG. NO.									_		
1. DECEDENT'S NAME (First,	Middle, Last)							OF DEATH			3. TIME OF DEATH
RAN	DALL	C. (CHIN				MA			O I	1:20 p M
4. SOCIAL SECURITY NUME	ER	5. SEX	8. AGE (In yrs. les	birthday)	F UNDER 1 YEAR			OF BIRTH		8. BIRTH	IPLACE (State or Foreign
212-60-53	23 l	1 M 2 F	37	YRS.	MONTHS DAYS	HOURS MIN,		/31/5	2		MD.
9a. FACILITY NAME (If not in	stitution, give str	eet and number)			96. CITY, TOWN	OR LOCATION OF D	_	, , _	9c. COUN	ITY OF D	EATH
THE JOHNS		S HOSPIT	'AL		BALTIN	MORE			BALT	IMOF	RE CITY
10e. STATE	10b. COUNTY			10c. CITY	, TOWN OR LOC	CATION					10d, INSIDE CITY LIMITS?
MD				I		ORE CIT	Y		-		1 X YES 2 NO
10e. STREET AND NUMBER						10f. ZIP CODE					WHAT COUNTRY?
	. DECK	ER AVE				21224				USA	
11. MARITAL STATUS 1. Never Merried 2 3 Widowed 4 Divo		FORCES?	IT EVER IN U.S. AR I YES 2 P		If yes,	ECENDENT OF HISPA apacity Cuban, Mexic ES 2 NO Speci	an, Puerto		or No—	14. RACI Blaci Spec	E — American Indian, k, White, etc. ##y: CHINESE
	EDENT'S EDUC		16a, DE	CEDENT'S	USUAL OCCUPA	TION	160	b. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0		College (1-4 or 5	+)		rork done during to retired.)	most of working					
17. FATHER'S NAME (First, M	liddle, Last)	- 1				18. MOTHER'S NA	AME (First.	Middle, Maiden	Sumame)		
FLOYD								. G00	,		1
19a, INFORMANT'S NAME (19	b. MAJLING	ADDRESS (Street	at and Number or Rural				Code)	
RICHARD	J. CHI	N		523	3 47 t	h STREE	г в	ALTO.	, MD	2	1224
20a. METHOO OF DISPOSIT	ION	····	20b. PLACE	OF DISPOS		cemetery, crematory or			CATION —		own, State
ty⊟yBuriel 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other		val from State	other pi		INE PA	RK CEME	TERY	WO	ODLA	WN.	MD 21207
21. SIGNATURE OF FUNERA	L SERVICE LICI	ENSEE			22. NAME	AND ADDRESS OF F	ACILITY				
DAN	Men	100	Tolo			RLES L. 1 E. FOI					HOME, INC MD 21230
23. PART f. Enter the d											Approximata
IMMEDIATE CAUSE (FI		list only one ca	use on each line			. 0	0.				Onset and Death
disease or condition resulting in deeth) a. Cerebeal, brain term warret —											
		Oo .	O (OR AS A CONSE	O .	F):	1					44
Sequentially list condit		DUE TO	OF AS A CONSE	OUENCE OF	Lorses	Holoment -	Ovom	ryon			TURES
if any, leading to imme couse. Enter UNDERLY		A	of:	D. 10	1 - show						16 ments
CAUSE (Disease or Injuthet initieted events		DUE TO	O (OR AS A CONSE	DUENCE OF	F):						
resulting in deeth) LAS	т										
PART II. Other algoritics		contributing to	death but not	resulting	In the underly	ring cause given in	n Part I.	24a. WAS AN PERFOR	RMED?	24t	MAILABLE PRIOR TO COMPLETION OF CAUSE
1000	98	_						TOPES 2	□ NO		OF OEATH?
-											1 100 1 100
25. WAS CASE REFERRED 1	O MEDICAL				26.	PLACE OF DEATH (C	heck only o	one)			
EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER:	lome 5 🗆 Residence					
27. MANNER OF DEATH		28a. DATE O	F INJURY	28b. TIM	E OF 20c.	INJURY AT	Y	EŞCRIBE HOW I	NJURY OC	CURED	
1 Natural 5	Pending	(Month,	Day, Year)	IN.	JURY 1	WORK? YES 2 NO					
2 Accident 3 Suicide	Investigation		OF INJURY — At he	ome, farm,	street, factory, o	ffice		CATION (Street		or Rural	Route Number,
4 Homicide	Could not be determined	building	i, etc. (Specify)				Ch	y or Town, State)			
290. CERTIFIER 1 CER	TIFYING PHYSIC	CIAN: To the best of	of my knowledge de	eth occum	ed at the time	late and place, and du	e to the co	euse(s) and ma	nner an ste	led.	
(Oriota biny											(a) and manner as stated.
29b. SIGNATURE AND TITLE						29c, LICENSE NU					D/(Month, Day, Year)
	1	Hall		,	ND	MA :			DATE DATE	_ SIGNE	1260
30. NAME AND ADDRESS O		COMPLETED CA	USE OF DEATH (ITT				21 64	. 1		2/3	27/10
lin	اردو	Hall			_	THH					
MAY 2 0 40	Ybar)	32. REGISTE	AR'S SIGNATURE								

HE HOSP HE FUNEI IED WITHIN	TTAL OR A TRAL DIRECT TZ hours T H Hom	TTENDING TOR: After after deal	or this ce th with t	CLAN: The strife or Hen	has ber Dept.	equires en signe of Health	d by the and Minim	death c attendi ental Hy Iry, or	ertificate ing phys giene p other	be exesician an rior to b	d comp ourial, cr	ithin 2-r	nours a led in by or rem	ther deat the fun loval.	h. Page eral dire	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zer-frours after death. Page 6 may be retained by the hospital or attending p	AQAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TRI, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within x-rivours after death. Page RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director and completely filted in by the funeral director after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner in	TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 10R. After this certificate has been signed by the attending physician and completely filled in by the funeral direct death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner in	3 PHYSICIAN: The law requires that the death certificate be executed within 2-2-nours after death. Page if this certificate has been signed by the attending physician and completely filled in by the funeral direct th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. arked, or item 23 shows any injury, or other traumatic event, the medical examiner in	SIAN: The law requires that the death certificate be executed within 24 hours after death. Page refricate has been signed by the attending physician and completely filled in by the funeral direct he State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. or item 23 shows any injury, or other traumatic event, the medical examiner in	he law requires that the death certificate be executed within 2-7 yours after death. Page has been signed by the attending physician and completely filted in by the funeral direct Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. In 23 shows any injury, or other traumatic event, the medical examiner in	equires that the death certificate be executed within z-rivours after death. Page en signed by the attending physician and completely filled in by the funeral direct of Health and Mental Hygiene prior to burial, cremation, or removal. hows any injury, or other traumatic event, the medical examiner in	that the death certificate be executed within z-z-nours after death. Page of by the attending physician and completely filled in by the funeral direct and Memai Hygiene prior to burial, cremation, or removal. ny injury, or other traumatic event, the medical examiner in	death certificate be executed within zermours after death. Page a stending physician and completely filled in by the funeral direcental Hygiene prior to burial, cremation, or removal. Iry, or other traumatic event, the medical examiner in	entificate be executed within zernours after death. Page ng physician and completely filled in by the funeral diregiene prior to burial, cremation, or removal. Other traumatic event, the medical examiner in	be executed within zervours after death. Page ician and completely fifted in by the funeral direction to burial, cremation, or removal.	cuted within 24-nours after death. Page of completely filled in by the funeral direuntal, cremation, or removal.	ithin 2.7 hours after death. Page letely filled in by the funeral direction, or removal. It, the medical examiner in	nours after death. Page ed in by the funeral direct, or removal.	fter death. Page the funeral directoral.	n. Page eral dire		6 may	ctor, pag		unst b
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	FOR 1 STATE	STATE OF N			RTMENT OF H			MENTAL HY	GIENE		U	140	01
	REGISTRAR		CE	RTIF	ICATE OF	DEAT	H_	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) THOMAS DURI	KIN						2. DATE OF DE	DAY	5/25	/90 s	L TIME OF DEA	А м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7 DATE OF BU	RTN	-		ACE (State or F	oreign
	214-12-4579	1 XM 2 🗆 F	67	YRS.	MONTHS DAYS	HOURS	MIN.	Sept.9	192	2	Country)	MD.	
OR	9a. FACILITY NAME (If not institution, give s UNION MEMORIAL		r.		96. CITY, TOWN O		ON OF DE	EATN		9c. COUNT	Y OF OEA	TN	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CIT	TY, TOWN OR LOCA	TION					1	od. INSIDE CIT	Y
	Md.	Baltim	ore		Edger							☐ YES 2 🗶	NO
FUNERAL	100. STREET AND NUMBER 8912 Hinton Ave				10	ZIP CODE	219			10g. CITIZ	USA	AT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 A Merried 3 Widowed 4 Diverced		T EVER IN U.S. ARI YES 2 N		If yes, sp			NIC ORIGIN? (Spe in, Puerto Ricen, y:		or No	Black, Specify:	American ind White, atc.	lan,
COMPLETED	15. OECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(Gh	ve kind of	S USUAL OCCUPATION Work done during moise retired.)	ON last of working	g			Bros	STRY	me	
	17. FATNER'S NAME (First, Middle, Last) John Durkin						er's na	ME (First, Middle, Nowako	Melden S	Surname)			
TO BE	19a, INFORMANT'S NAME (Type/Print)		196		G ADDRESS (Street			Route Number, Cit	y or Town,	, State, Zip			
-	MAry L. Durking	1			2 Hinton			_					
	1 Denation 5 Other (Specify)	oval from State	St. S	tani	islaus Ce	emete emete	ry ry			ation — c			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dundalk 21222												
	23. PART I. Enter the diseases, or shock, or heart leiure.	complications the List only one cau	t caused the deuse on each line.	ath, Do	not anter the mo	oda of dyl	ng, suc	ch as cardiac c	or reapir	atory arre	st,	Approxin	Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Out TO (OR AS A CONSEQUENCE OF):												o Daatii
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Coronary arthy disease Diants multiple of the properties of the propert												
PHYSICIAN: MEDICAL CI	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FIND AMILIABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO											CAUSE	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PAO 1 Propellent 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)												
	27. MANNER OF DEATN 1 Natural 5 Pending	28e. DATE OF	INJURY	28b. TII	ME OF 28c. IN	JURY AT ORK?		28d. DESCRIB		A.	URED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE (building	OF INJURY — At ho	me, farm,	street, factory, offi	ce		281. LOCATION City or Tox	(Street a		or Rural Ro	ute Number,	
COMPLET	290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of								ner as state	d.	and manner se	stated.
TO BE	MUFID ABOUT		of Alaph		KD.		/A			> 5	128	190	
	III THE THE PARTY OF PERSON WI	John ELIED GAO	OF AL DEVILL RIES	ary (1)/p	rena)								

HOSPITAL

MEMORIAL

Lulia Devideon-Rendelle

ABDU . UNION

32. REGISTRAR'S SIGNATURE

MAY 3 01990 Au

MUFIC

31. DATE FILED (Month, Day Y ar)

BALTIMORE, MD

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and local bears after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lifted in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neitfied at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND MENTA	AL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIEN							
1. DECEDENT'S NAME (First, Midd	ie, Last)			2. DATE OF DEATN		3. TIME OF DEATN					
Audra B.	Amos Dorman			5 2	7 90						
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. B	IRTNPLACE (State or Foreign ountry)					
219-361-48		3 YRS.	CITY, TOWN OR LOCATION OF D	7-09-1	916	Maryland					
E IInian Maman	ial Hospital		Baltimo		Jac Goodin 1	of Seatt					
RESIDENCE OF DECEDI	COUNTY	140.000	WN OR LOCATION								
Maryland	COUNTY		altimore			10d. INSIDE CITY LIMITS? 1XXYES 2 \(\text{NO} \) NO					
		Do	10f. ZIP CODE		100 CITIZEN	OF WHAT COUNTRY?					
10. STREET AND NUMBER 4407 St. Geo	orges Avenue		21212		logi orribilit	USA					
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DECENDENT OF NISPA	NIC ORIGIN? (Specify Ye	s or No— 14, I	RACE — American Indian.					
	ed FORCES? 1 YES		If yes, specify Cuban, Maxico 1 YES 2 NO Speci	an, Puerto Rican, etc.)		Black, White, etc. Specify: Black					
3 Widowed 4 Divorced						Black					
/Specify only high	T'S EDUCATION est grade completed)	16a, DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during most of working	18b. KIND OF BU	SINESS/INDUSTI	RY					
Elementary/Secondary (0-12) 1 1 17. FATHER'S NAME (First, Middle,	College (1-4 or 5 +)		,	Mod	2+222						
17. FATHER'S NAME (First, Middle,	Leath	Custodia		AME (First, Middle, Maider	ntenan	ce					
			Carlo March								
10- INFORMANT'S NAME (Total)		19b. MAILING ADD	DRESS (Street and Number or Rural	rancis R							
Jean Audra	Causion		St. Georges	and the second second							
20a. METHOD OF DISPOSITION	20		IN (Name of cemetery, crematory or		CATION — City						
1 XBurial 2 Cremation 3 4 Donation 6 Other (Spec	rest H	ill, Maryla									
21. SIGNATURE OF FUNERAL SEI		ACIL ITY		Jones F.H.							
1/2/020	NCV Cal	mea	4611 Park H								
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	disease or condition resulting in death) a. RESPIRATORY ARREST DUE TO (OR AS A CONSCOUENCE OF):										
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events										
PART II. Other algnificant of	NAUTOPSY RMED? 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN			28. PLACE OF DEATN (C	heck only one)							
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER: ☐ Nursing Nome 5 ☐ Residence	6 Other (Specify)							
	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF		28d. DESCRIBE HOW	INJURY OCCURE	D					
I Natural 5 Pend	ing tigetion		M 1 YES 2 NO								
a Distribute	1 not be mined 26s. PLACE OF INJUR' building, atc. (Spe	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
anal	IG PNYSICIAN: To the best of my know					use(a) and menner as stated.					
	ERTIFIER		29c. LICENSE NU	JMBER	29d. DATE SIG	INED (Month, Day, Year)					
Tomble	2 , and	PHYSI CI	AN D302	72	1	129/90					
715- 15	ISON WHO COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type, Prin	1()	4. 2	2 4						
31. DATE FILED (Month, Day, Year)	S. MICUEN	JOE W	ASHINGTON.	BLVD B	PALTO.	MD 21230					
	390 Jula Davidson	- Gandell				1					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the inhorpital or attending physician and completely filled in by the funeral directior, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTA	L HYGIENE REG. NO.		•	
1. DECEDENT'S NAME (First, Middle, Lest) JESSIE DOLES					2. DATE MONT	OF DEATH		AR SO G	ME OF DEATH
4. SOCIAL SECURITY NUMBER 217 - 05 - 9888		14	F UNDER 1 YEAR		7. DATE	OF BIRTH		'aremone's	E (State or Foreign
9a. FACILITY NAME (If not institution, give atm	741 - 00		h CITY TOWN	OR LOCATION OF DI		-	c. COUNTY		Α.
UNION MEMORIAL H				ORE MARY			ic. COUNTY	or DEATH	
RESIDENCE OF DECEDENT								Total Control	
10a, STATE 10b. COUNTY			TOWN OR LOC	ORE, CIT	Υ				INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER				101. ZIP CODE			log. CITIZEN		
2006 E. NORTH A	AVE.			21213	3			JSA	
	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED		ECENDENT OF HISPAI			No- 14.	RACE - An Black, Whit	nerican Indian, la, atc.
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR D		1 🗆 YI	ES 2 NO Specif	ly:	mount, etc.,		Snecth:	BLACK
15. DECEDENT'S EDUC	ATION	18a. DECEDENT'S US	SUAL OCCUPA	TION	184	. KIND OF BUSIN	ESS/INDUST		LITOR
(Specify only highest grade of Elementery/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wo	rk done during i retired.)	most of working					
3RD GRADE		MECHANI	С						
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA					
AUGUSTUS DOLES 190. INFORMANT'S NAME (Type/Print)		T		LUEM		HAMLIN			
ELEANOR BENNET	Т	4923		LAIR LN					21206
20a. METHOD OF DISPOSITION	201	D. PLACE OF DISPOSIT	ION (Name of	cemetery, cremetory or		20c. LOCA	TION — City	or Town, St	tata
1 X Buriel 2 Cremation 3 Remo	val from State	VETS PTE RN	STAR	CEMETER	Υ	CATO	DNSVI	LLE,	MD.
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22. NAME	AND ADDRESS OF FA	CILITY				
> Blades	Como		WM.C	. MARCH	F.H	1. 1101	Ε.	NORT	H AVE.
23. PART I. Enter the diseases, pr complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate interval Between									
IMMEDIATE CAUSE (Finel	·								Onset and Death
disease or condition resulting in death)	A cute DUE TO (OR AS	Pubil2	- 1	Vecros	20				5 days
Sequentially list conditions,	DUETO (OR AS	(A CONSEQUENCE OF):						-	
If sny, leeding to immediate cause. Enter UNDERLYING	Ceretral	2011	2	caidon	+				
CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE OF):							
resulting in death) LAST	DUE TO FOR AS	î M	pre	me on'2					
PART II. Other algnificent conditions	e contributing to deeth i	out not resulting in	the underly	ing cause given in	Pert I.	24a. WAS AN A			E AUTOPSY FINDINGS
						PERFORM	6.4	COM	ABLE PRIOR TO PLETION OF CAUSE
						, ,			YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	heck only o	ne)			
1 TYES 2 TYNO	1 Inpatient 2 - ER/Out	petient 3 DOA	Nursing N	oma 8 🗆 Residence	1				
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY	INJURY AT WORK?	28d. DE	SCRIBE HOW INJ	URY OCCUR	EU	
2 Accident Investigation 28e, PLACE OF INJURY — At home, farm, street, factory, office 281, LOCATION (Street and Number or Burel Boute Number)									
4 Homicide B Could not be	building, atc. (Spe	iclfy)	•			or Town, State)			
29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my know	viedge, death occurred	at the time, d	late and place, and du	a to the ca	suse(a) and mann	or as stated.		
(Original Drilly	R: On the basis of examination							nuse(s) and	manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	JMBER		29d. DATE SI	GNED (Mon	th, Day, Year)
Muto	wy	MS					▶ 05	- 25-	-90
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type, ITEM 27) (Type, ITEM)	Print) PKWT	BAL	.70	ロカラ	12	18	
31. DATE FILER /MONTH, Day, Year)	1 32. REGISTRAR'S SIG				- 1	,	,	, ,	
MAT 3 0 1990	gula varidson-	hillians							

228

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

	47
ó	within
13.14	executed
<	2
0.00	certificate
ŗ	death
200	that the
200	requires
AL	The law
7	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	INSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24
5	a
	INSPITA

		1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH		
		Engelbert	M. Di	ppole	f			MONTH DA		5:45 p "		
		4. SOCIAL SECURITY NUMBER 215-10-10972		AGE (In yrs. les	si birthday) I	F UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	0. BIRT	HPLACE (State or Foreign		
2, 3 should	OR	III. FACILITY NAMIE (If noy fistilution, give s	Proof and number)	55 /4	Sp?	ROCK	OR LOCATION OF DE	-/-/-	9c. COUNTY OF			
	됩	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		Inc CITY	TOWN OR LOC	ATION					
nit. Pages	DIRECTOR	MD MON	T.		D	KVILL	E		10d. INSIDE CITY / LIMITS? 1 YES 2 NO			
ansit permit.	PLETED BY FUNERAL	970/ MED C	e DR.				20850		U.S.A.			
the burial-transit		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	VER IN U.S. AF YES 2 X OR DATES		If yes,	ECENDENT OF HISPAN specify Cuban, Maxica ES 2 NO Specify		Bla	CE — American Indian, ck, White, etc. Chy: White			
for use as		18. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Ilfe	ECEDENT'S US Give kind of wor b. Do NOT use i	SUAL OCCUPA & done during i retired.)	TION most of working	New Am		Casualty		
detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		Insura ME (First, Middle, Meiden	sumame)	•						
8 %	ш	John Joseph I	ppold					otte Chri		Engles		
e 5 should notified	TO B	Dr. Diane Dippo	old					Alexdrani		22314		
ector, page		20a. METHOD OF DISPOSITION X□ Burlel 2 □ Cremation 3 □ Rem	oval from Stata	other p	(ace)		cemetery, crematory or		CATION - City or			
funeral director, xaminer mus		4 Donation 5 Dotter (Specify) New Cathedral Cemetery Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
		Sterling Ashton Funeral Home P.A. 736 Edmondson Ave. Catonsville Md. 21										
ind completely filled in by the burial, cremation, or removal atic event, the medical or	N.	23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause		for by	teutin	node of dying, suc	h as cardiac or resp	Mel	Approximate interval Batween Onset and Death		
ending physician a I Hygiene prior to or other traum	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
certificate has been signed by the atti 1 the State Dept, of Health and Menta 1, or Item 23 shows any injury,	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 244. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 245. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
State D	CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. OTHER:	PLACE OF DEATH (Ch	eck only one)				
this certific with the S rked, or I	PHYSI	1 YES 2 NO 27. MANNER OF DEATH	28s. DATE OF IN. (Month, Day,	JURY	26b. TIME	OF 28c. I	ome 5 Residence NJURY AT WORK?	8 Other (Specify) 284. DESCRIBE HOW	INJURY OCCURED			
After death	D BY	1 Netural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	26a. PLACE OF II building, atc	NJURY — At h	ome, larm, str		YES 2 NO	281. LOCATION (Street City or Town, State	and Number or Rura	I Route Number,		
DIRECTOR: hours after Item 28 Is	LETE	4 Homicide determined										
ZC = Z (Check only										(a) and menner as stated.		
TO THE FUNERA be filed within 7 IMPORTANT:	O BE	296. SIGNATURE AND TITLE OF CERTIFIE	. 0.	CU	NY		29c. LICENSE NUI	- 0 -	29d. DATE SIGNS	10 (Morth, Day, Year) 25 Qu.		
	T	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITE	EM 27) (Type) P	rint)		, 0				
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	,							
[MAY 3 0 1990 1	1. Davidson	Northeam						DHMH-18 Rev 1/89		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1	244	50	56	1	à.
	EDWAR 10/02	11 9	0-1	46	71

1 - STATE REGISTRAR

	REGISTRAR			C	ERTIF	ICATE	OF	DEATH	RI	EG. NO.			
	ECEDENT'S NAME (First,	Middle, Last)							2. DATE OF D	EATH DAY	YEAR	3. TIME	OF DEATH
	JACK		Gilbert						MAY MAY	26	1990		6 а.m. м
	ocial security nume $530 - 14 - 217$		5. SEX 1 💢 M 2 🔲 F	6. AGE (In yrs. I	lest birthday) YRS.	MONTHS 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day 10/0		Cou	THPLACE (S intry) lifor	nia
90. 5	FACILITY NAME (# not in THE JOHNS	stitution, give si HOPKIN	NS HOSPIT	AL		9ь. сіту, т BALT	IMOI	R LOCATION OF DE	EATH		BALTIM	ORE C	ITY
	SIDENCE OF DEC									1			
10a.												LH	SIDE CITY IITS?
	Texas	Bez	kar		San	Anto							ES 2 NO
≤	326 Thread	lneed1	2				101.	ZIP CODE 78	227		10g. CITIZEN O		UNTRY?
	MARITAL STATUS Never Married 2 2 Wildowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, OIVE W	X YES 2		11	yes, ape	ENDENT OF HISPAN belty Cuban, Maxica 2 NO Specify	n, Puerto Rican			ACE — Americk, White, wecity: Wh	ican Indian, atc. ite
		EDENT'S EDU		16a. I	DECEDENT'S	USUAL OCC	CUPATIO	N	16b. KIN	D OF BUSII	NESS/INDUSTRY	r	
COMPLETED	(Specify onli Elementary/Secondary (C	/ highest grade -12)	College (1-4 or 5 +		(Give kind of the Do NOT us	work done du se retired.)	iring mo	it of working					
Ē	12			1	Milita	ary Sa	a1.	Comm.	Civ	il Se	rvice-	US A	ir Fors
0 17. F/	ATHER'S NAME (First, M	iddle, Last)	_					18. MOTHER'S NA	ME (First, Middle	, Maiden S	urname)		
	Coelisa (ilbert	t Edwards	3				Anne			Karl		
19a.	INFORMANT'S NAME (ype/Print)			19b. MAILING	ADDRESS ((Street a	nd Number or Rural I	Route Number, C	ity or Town,	State, Zip Code)		
- L	Marie Edv	ards			326 Tl	ireadi	nee	ile; San	Anton	io, I	x. 78	227	
	METHOD OF DISPOSIT		oval from Stata	other	place)			netary, crematory or			ATION — City or		
	Donation 5 - Other			Ft	. Sam	Hous	ton	Nationa	1 Cem.	San	Anton	io, T	exas
21, 9	SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	11				rd Funer		o Tr			kens Av
	Kim	1/1	as c	_/								LIMOI	e, ma.
	PART I. Enter the d shock, or h MEDIATE CAUSE (Fig.	esrt fallure.	complications the List only one cau	t ceused the	deeth. Do ne.	not enter t	he mo	de of dylng, suc	h ss cardisc	or respire	atory arrest,	le.	pproximate iterval Between nset and Death
	eese or condition uiting in death)	→	S. ALLITE	OR AS A CONS			1	NFARCT	101		_		16 hours
Sec If a	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
CAL	use. Enter UNDERLY USE (Disease or Inje	ING	с										
L the	it initiated events sulting in death) LAS		d	(OR AS A CONS	SEOUENCE O	F):							
	PT II Other elegifica	nt condition	e contribution to	death but no	t requiting	In the und	lankila.	n sauce alues la	Bort I Dr	. MECANA	LITTOREY	Oan WERE A	UTOPSY FINDINGS
EDICAL -	PERFORMED? AMAIL COM											MAILA	ELE PRIOR TO
									_			1 🗌 Y	ES 2 TNO
<u>ت</u> ا خ													
S 25. \	WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF DEATH (Ch	neck only one)				
ছ ∥ _	1 TES 2 1000		1 Dispetient 2			4 🗆 Nursi	ing Hom	e 5 🗆 Residence					
₾ ,	MANNER OF DEATH Natural 5 Accident	Pending Investigation	28a, DATE OF (Month, D		28b. TIR	ME OF JURY M	WC	URY AT PRK? YES 2 NO	28d. DESCRI	BE HOW IN	JURY OCCURE	0	
	Suicide 8 Homicide	FINJURY — At atc. (Specify)	JURY — At home, farm, street, factory, office (Specify)			•	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)			mber,			
<u>a</u>	nont		ICIAN: To the beat of a									se(a) and m	anner as stated.
	SIGNATURE AND TITL	OF CERTIFIE	R a					29c. LICENSE NU	MBER		29d. DATE SIGI	NED (Month	Day, Year)
m h 1 1 5/26/90								-,,					
2 30.1	NAME AND ADDRESS O	F PERSON W	0110	SE OF DEATH #	TEM 27) /3/m	Print)		July 4	()		2/10	2110	
	BURCHE						AC D	1772					
31. 0	DATE FILED (Month, Day,		32. BETHERD	AT SIGNATURE	E CIDS	140	12	1111					
	100	n gu	المراسية المراسية	operation on	-								

Latin fatts.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumalic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law in	TO THE FUNERAL DIRECTOR: After this certificate has bee be filed within 72 hours after death with the State Dept. (IMPORTANT: If item 28 is marked, or Item 23 s

1 - FOR STATE REGISTRAR	STATE OF MARY			F HEALTH AND	MENTAL HYGIE						
1. OECEDENT'S NAME (First, Migdal Gertrude					2. DATE OF OEATH MONTH		S. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 217-48-1600	5. SEX 6. AC	85 YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)	3 1905	BIRTHPLACE (State or Foreign Country) Maryland				
9a. FACILITY NAME (If not institution Baltimore Count	ty General Hos	pital		wn or Location of D lallstown	EATH	y OF DEATH altimore					
Baltimore Counting RESIDENCE OF DECEDE 10a. STATE 10b. Maryland	county Baltimore	10c. CIT	Woodla			10d.					
100. STREET AND NUMBER	t Hill Road			10f. ZIP CODE 21207			N OF WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Marrie 3 XWidowed 4 Olvorced	1 Never Married 2 Married FORCES? 1 YES 2 IF YES GIVE WAR OR OATES X				NIC ORIGIN? (Specify Year, Puarto Rican, atc.)	ea or No— 14	I. RACE — American Indian, Black, White, atc. White				
	r's EDUCATION est grade completed) College (1-4 or 8+)		work done during the retired.)	PATION g most of working	16b, KIND OF B	USINESS/INDUS	ЗТЯУ				
17. FATHER'S NAME (First, Middle, I) UNKNOWN	Lest)				ME (First, Middle, Meide nknown	n Surname)					
19a, INFORMANT'S, NAME (Type/En	man	196 MAILIN	Centra.	Ave. roo	m 316 Tow	son, Mo	f. 21204				
204 METHOD OF DISPOSITION 1	Ramoval from State	other place) Baltim	ore Na	tional Cen	etery B	altimor	ty or Town, Stata				
21. SIGNATURE OF FUNERAL SER	WICE LICENSIAN CO.		- IS-HAR	E AND ADDRESS OF R Hubbard F 4107 Wilk			Md. 21229				
Inter the diseases of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart fillure. List only one cause on each line. IMMEDIATE CAUSE (Find disease or condition resulting in death) Due to (or as a consequence or):											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significant or	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO										
25. WAS CASE REFERRED TO MEI	HOSPITAL:		OTHER:	88. PLACE OF DEATH (C							
I DAMMONEL 2 Pendi	28a. DATE OF INJU (Month, Day, Ye Ilgation	RY 28b. TI	ME OF 28	Home 5 Residence c. INJURY AT WORK? YES 2 NO	8 Other (Specify) 28d, DESCRIBE HOY	Y INJURY OCCU	PRED				
	1 not be mined 28e. PLACE OF INJ building, atc. (URY — Al home, farm Specify)	, street, factory,	office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
enel enel	IG PHYSICIAN: To the best of my k EXAMINER: On the basis of axamin										
296. SIGNATURE AND TITLE OF C	ERTIFIER Trans			29c, LICENSE,NI	IMBER 1957	29d. DATE	SIGNED (Month, Day, Year)				
30. NAME AND ADDRESS OF PER EDM U.A.)	SON WHO COMPRETED CAUSE OF	Joe Bilt	op. Print)	" Gel	Hyp.						
MAY 3 1990	Julia BANGERSTRANS	IGNATURE									

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four safer death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or remonal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	Robert Cl			/	2. DATE OF DEATH	DAY 26	YEAR S	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 401-24-4716	5. SEX 6. AGE (II	91 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year 01/12		8. BIRTNPLACE (State or Foreign			
E E	90. FACILITY NAME (If not institution, give s Bel Air Conva				Air	9c. COU	9c. COUNTY OF DEATN Harford				
510	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			Y. TOWN OR LOCAL		1 11					
- DIRECTOR		Harford		Church	rille		10d. INSIGE CITY LIMITS? 1 YES 2 X NO				
ERAI	3604 Aldino R	oad		101	21028	8	1	SA	IAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 X YES IF YES, FIFE WAR OR DA	2 NO	If yes, sp	ENDENT OF NISPAN acity Cuben, Mexican 2 ANO Specify	IC ORIGIN? (Specify n, Puerto Ricen, etc.	Yee or No-	14. RACE -	- Amarican Indian, whita, atc. White		
	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECEDENT'S	USUAL OCCUPATION Work done during mo	ON et of working	16b. KIND OF	BUSINESS/INC	DUSTRY	MILLOG		
COMPLETED	Elamontariy/Secondary (0-12) 12th	College (1-4 or 5+) 3yrs	Lt.	se retired.)	at or working	U.	s. Ar	my			
00	17. FATHER'S NAME (First, Middle, Last) Leon J. El.	1 7 0 17			V	ME (First, Middle, Me ily Eth		eema	n		
) BE	19e. INFORMANT'S NAME (Type/Print)	1263	19b. MAILING	ADDRESS (Street	and Number or Rural F	-			11		
5	Vivian E. Ell				Rd. (
	20a. METNOD OF DISPOSITION 1	noval from State	other place)	SITION (Name of cer	tory, II		Balti				
	21. SIGNATURE OF FUNERAL SERVICE LI	/2/14		Crema	ation S	ociety	of Md	., I	nc.		
	George E. 23. PART I. Enter the diseases, or	complications that caused							MD 21228 Approximats		
	immediate Cause (Final disease or condition resulting in death)	a. Q d (0 1	monay	Ame	vt			Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	U-	CONSEQUENCE O	r):	Pistue	V			Quest		
AL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO COMPLETION OF CAUSE										
PHYSICIAN: MEDIC						1 □ YE	s 2 DINO		OF OEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Ch	eck only one)					
HYSI	1 VES 2 NO	1 Inpetient 2 ER/Outp	etient 3 DOA		NO 8 - Residence	8 Other (Specify)	OW INJURY OC	CHRED			
BY PI	1 Netural 5 Pending Investigation	(Month, Day, Year) 28s. PLACE OF INJURY	IN.	JURY WO	YES 2 NO	28f, LOCATION (SI			sucha Misembara		
ETED	3 Suicide 8 Could not be 4 Nomicide determined	building, etc. (Spec	illy)			City or Town,		TO FIGHTI FIC	die Humon,		
COMPLETED	one)	BICIAN: To the best of my know ER: On the basis of examination							and manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	le			29c. LICENSE NUI	NBER 75	29d. DA1	TE SIGNED	Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WI	me Mp.	(131	Belde	· Necel	Bo	O A.	in 1	rd 21014		
	MAY 3 0 1990 g	LIL DAVINGO THAR'S SION	Like to E								
									DHMH-16 Rev 1/89		

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Uept. or Health and Memai Hyghene prior to outhat, cremation, or removal.	MPORTANT. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL DR	THE FUNERAL DIR	be filed within 72 hour	MPORTANT: It iten

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	G. NO.				
1. DECEDENT'S NAME (First, Middle, Last)	FRAN	CES			2. DATE OF DI		9°EAR	3. TIME OF DEATH -7: 15 A M		
4. SOCIAL SECURITY NUMBER 219-22-086	5. SEX 8. AGE	(In yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day,	RTH Year)	8. BIRTH Count	HPLACE (State or Foreign ry)		
9a. FACILITY NAME (If not institution, give str				R LOCATION OF DE		9c. C	OUNTY OF D	DEATH C-TIMORE		
10a, STATE 10b, COUNTY	LTIMOR	10c. CITY, TO	BAL 8	- IMO	RE	to-		10d. INSIDE CITY LIMITS? 1 VES 2 NO		
10e. STREET AND NUMBER	ELVEDI		101	ZIP CODE	215	10g. (CITIZEN OF V	WHAT COUNTRY?		
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No- lif yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indien, Black, White, etc. 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No- lif yes, specify Cuban, Maxican, Puerto Rican, etc.) 16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No- lif yes, specify Cuban, Maxican, Puerto Rican, etc.) 17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No- lif yes, specify Cuban, Maxican, Puerto Rican, etc.)										
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo.	N st of working	18b. KINC	OF BUSINESS/	INDUSTRY			
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle,	Melden Surnam	0)			
William Lee		19b. MAII ING AD	DRESS (Street a	Bert		Jones				
Frances Mille Bettey Lindsay		3930	Reiste	rstown R		co. Md.	2121			
20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)							us, M			
21. SIGNATURE OF FUNERAL BERVICE LICE	este	10	Este	p Brothe Eutaw P	rs Fune	eral Ho	me P.	A . 7		
shock, or heart fellure. I	disease or condition									
it only, to bound to intiniousle	HYPBR			hem	e,					
PART II. Other significant conditions	s contributing to deeth	but not resulting in t	he underlyin	g ceuse given in		WAS AN AUTOP PERFORMED? YES 2 1		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)					
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	petient 3 DOA 4		e 5 🗆 Residence	Y					
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME O	Y WO	URY AT PRK? VES 2 NO	28d. DEŞCRIB	E HOW INJURY	OCCURED			
2 Accident 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
onel	CIAN: To the best of my known R: On the basis of examination							(a) and menner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIER	1	Ka		29c. LICENSE NU	MBER	29d.	DATE SIGNE	D (Month, Day, Year)		
30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pri	int)				9 (2	27/80		
31. DATE FILED (Month, Day, Year)	P2. REGISTRAR AND	M D								
MAY 3 U 1990 4w	a Devidos - Man									

-011676-

TO BE COMPLETED BY FUNERAL DIRECTOR

examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
funeral director, page 5 should be detached for use	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use
death. Page 6 may be retained by the hospital or at	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. MEN ED 3Md 71. 1990

FOR 1 - STATE REGISTRAR		STATE OF	MARYLAN	ID / DEPAR CERTIF					MENTAI	HYGIEN REG. NO.		90	14675 7:50 PM
1. DECEDENT'S NAME (First	i, Middle, Lest)	FLA	× M.)			FLA			OF DEATH	7 90	_	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2/3-03-6	916	5. SEX	6. AGE (In)	rs. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH 27,19	1.0	BIRTHPLA Couppy	CE (State or Foreign
9a. FACILITY NAME (II not III BALTIM		ounty GEN	ERAL I	HOSPITA			R LOCATI		EATH		9c. COUNT	Y OF DEATH	
RESIDENCE OF DEC					Y, TOWN O		Laure III		·				I. INSIDE CITY LIMITS?
MD 100. STREET AND NUMBER					BALT		RE ZIP COD				10g. CITIZE	N OF WHAT	YES 2 NO
11. MARITAL STATUS	FORCES 4 Vec a VINO												
1 Never Merried 2 3 Widowed 4 Dive	orced	IF YES, GIVE Y			1	YES	2 XX	Specif		nean, arc.)		Specify:	WHITE
	CEDENT'S EDU ly highest grade 0-12)			Give kind of the Do NOT un	work done d se retired.)	luring mo	at of world	ng	16b.		SINESS/INOUS		H CHARITIES
17. FATHER'S NAME (First, A				OB	FICE	СПЕ	18. MOT			Aldele, Maiden	Sumame)	DWIDI	CHRITTE
MAX 190. INFORMANT'S NAME (SILVEF Type/Print)	RMAN					nd Number	r or Rurel	Route Numi	ber, City or Tow	n, State, Zip C		20
200. METHOD OF DISPOSIT	MRS. REBECCA TUCKER 8336 SCOTTS LEVEL RD. BALTO., MD 21208 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION — City or Town, State offer place)												
Other place) SCI Cremation 3 Removal from State Other (Specify) BETH JACOB ANSHE VESHEAR ROSEDALE, MD 1. SIGNATURE OF FUNERAL SPEVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.													
6010 REISTERSTOWN RD. BALTO., MD 21215													
immediate cause (Fi disease or condition resulting in death)	neart fallure.	Liet only one ce	ESP	IRAT	ORY	f	PI	411	UR	E	irstory arrei	м,	Approximata interval Between Onset and Death
Sequentially list condi-	tions.	Λ.	TET		TIC	-	LU	NO	(A.			
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- thet initiated events	diete	c		ONSEQUENCE O									
resulting in death) LAS	ST	d											
PART II. Other algoritic		FAMI		_			_	given in	Part i.	24a. WAS AN PERFO	RMED?	AM CO	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH?
												1 [YES 2 NO
25. WAS CASE REFERRED : EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	☐ ER/Outpati	ent 3 🗆 DOA	OTHER	R:			6 Othe				
27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO													
2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, etreet, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, etreet, factory, office City or Town, State)													
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the ceuse(e) end manner as stated. MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.													
29b. SIGNATURE AND TITL	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morrit, Day, Year) 57. 24. 90												
30. NAME AND AGDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) C. RAVIMO, BCGH, RANDALLI TOWN MP 21/33.													
31. DATE PLED MIGHT, 1999 Guly Jan Suchapune													

1

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit.	be lied whill fig hours after usern with the State Dept. Or regular and more straining and the medical examiner must be notified at once.
TO THE	TO THE	IMPO

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL	HYGIENI REG. NO.	E		, ,
	1. DECEDENT'S NAME (First, Middle, Lest)	FAUST				2. DATE OF MONTH	F DEATH DA	Y YE	100 4 4 4	м
	7	1 🖔 M 2 🗆 F	56 YRS.	ONTHS DAYS	HOURS MIN.	8	Day, Year)	3. BIRTHPLACE (State or Foreign Country) 3. Georgia 1 sc. COUNTY OF DEATH		
E	University Hospita	ty Hospital Baltimore								
DIRECTOR	10a. STATE 10b. COUNTY		Balt	whorlocation Baltimore			10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO}\)			
FUNERAL	10a. STREET AND NUMBER 4231 Rokeby Road			101. ZIP CODE 21229				10g. CITIZEN OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT, EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Maxica 2 NO Specify	n, Puerto Ric		Specify Yas or No— an, etc.) 14. RACE — American in Black, White, etc. Specify: Black		l _e
ETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of wo	work done during most of working use retired.)			16b. KIND OF BUSINESS/INDUSTRY			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest) Rufus Faust	Truck Driver 18. MOTHER'S NA Willie							Air & Gas	
TO BE	19th INFORMANT'S NAME (Type/Print) GwendolynnFaust			Road, Ba	Route Number					
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Removal from Stale 4 Donation 5 Orger (Specify) 21. SIGNATURE OF FUNEIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue									
	23. PART I. Enter the diseases, or opshock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one cause on e					ac or respl	ratory arrest,	Approximat Interval Bat Onset and	tween Death
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions	contributing to deeth b	out not reaulting in	the underlying	g ceuse given in		24a. WAS AN PERFOR 1 YES 2	MEO?	24b. WERE AUTOPSY FIN AWAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO	NUSE
CIAN		HOSPITAL:		28. P	LACE OF DEATH (Ch	eck only one		-		
BY PHYS	27. MANNER OF DEATH 1 A Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO			NJURY OCCUR	EO	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 5 City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 5 City or Town, State)									
COMPLETED	one)	IAN: To the best of my know : On the basis of examination							iuse(s) and manner as ste	ated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 38. NAME AND ADDRESS OF PERSON WHO	COMPLETE CAUSE OF OF		29c. LICENSE NUMBER			1 1 - 1			
	31. DAYE PLED (MONTH), Day, Your) MAY 3 1990 Aug.	32, REGISTRANIS SIGN		,						-

FOR

13-140, 13-141 1	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 men after death. Page 6 may be retained by the hospital or attending physician.	7 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should in filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ad, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VIEW RECORDS, F.C. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traum

	1 - STATE REGISTRAR C	ERTIFIC	CATE OF	DEATH	REC	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) EMILY H, FRANCE					ATH DAY	Q YEAR	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 2 18-3 2-1144 A 1 1 M 2 F 93	ast birthday)	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIR (Month, Day, 1/14/	1897	8. BIRTH Countr	PLACE (State or Foreign Y) Maryland	
TOR	9a. FACILITY NAME (II not institution, give street and number) BALTIMORE COUNTY GENERAL RESIDENCE OF DECEMENT		9b. CITY, TOWN C	R LOCATION OF DE			BALT!		
DIRECTOR	10e, STATE 10b, COUNTY MD BALTIMORE	10c. CITY,	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	2. SHIPLEY AVENUE	107. ZIP CODE 21228			10g. CITIZEN			USA	
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES		If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2X NO Specifi	n, Puerto Ricen,	n, stc.) Black, White, etc.		, White, etc.	
COMPLETED	(Specify only highest grade completed) (DECEDENT'S U Give kind of wo fe. Do NOT use	SUAL OCCUPATION of done during mo retired.)	DN st of working	16b. KIND	OF BUSINESS	3/INDUSTRY		
BE COM	17. FATHER'S NAME (First, Middle, Lest) ABRAHAM BENNETT			18. MOTHER'S NA GRACI	ME (First, Middle, E YOUNG	Meiden Surnen	ne)		
0				nd Number or Rural				00	
	EMMA GRACE JACKSON 200. METHOD OF DISPOSITION 200. PLACE		4 SHIPLEY AVENUE, CATO			LE, MIL			
	1 Suries 2 Cremetton 3 Removal from State other	place)	(CB)				AR SPRING, MD		
	21. SIGNATURE OF FUNERAL BERVICE LICENSEE			ID ADDRESS OF FA	CILITY MA	RCH F7	'H WES'		
	23. PART I. Enter the diseases, or complications that caused the		ot enter the mo	de of dying, suc				Approximate	
	ahock, or heart failure. List only one cause on each lift iMMEDIATE CAUSE (Final disease or condition resulting in death)							Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONS or injury that initiated events or injury that injury that injury that injury that injury that injury that injury that injury that injury that injury that injury that injury that injury that injury that injury that injury that injury that injury that injury that injury	EOUENCE OF)	:						
EDICAL	PART II. Other aignificent conditions contributing to death but not	resulting in	the underlyln	g ceuse given in		WAS AN AUTO PERFORMED? YES 2 N		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
PHYSICIAN: M	1	MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCI INJURY WORK?							
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or City or Town, State)						imber or Rural	Route Number,	
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the best of examination and/o							s) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER		29c, LICENSE NUMBER D 3 7 3 3 3 S S S S S S S S S S S S S S S						
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT		Print) USTUU	JN, M	102113	?3.			
	MAY 3 U 1990 Jul Deundson Roman	L							

HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 ours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should find within 72 hours after death with the State Deot. of Health and Mental Horiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL O	TO THE FUNERAL DI	IMPORTANT: If Ite

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

		IENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.				
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	_	AL OF BEATT	2. DATE OF DEATH	3. TIME OF DEATN			
6/1/is	-REEMAN		MONTH DAY	VEAR 10:30 D M			
4. SOCIAL SECURITY NUMBER		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTIN	BIRTHPLACE (State or Foreign			
217-66-25521	M 2 □ F , Z 9 YRS. MO	NTHS DAYS HOURS MIN.	(Month, Day, Year)	(200 miles			
9a. FACILIFY NAME (If not institution, give atree	et and number) 9b	CITY TOWN OR LOCATION OF DE	EATH 9c. COUNT	Y OF DEATH			
JUN Seco	urs Hospital	BAIT more	o City				
RESIDENCE OF DECEDENT 10b. COUNTY	LANG CHEM TO	WN OR LOCATION	1	Lead Marine Comp.			
Marylond	13	Allimore)	10d. INSIDE CITY LIMITS? 1 2 TES 2 NO			
100. STREET AND NUMBER	4/ 2	101. ZIP CODE	10g. CITIZE	EN OF WNAT COUNTRY?			
2603 W. NOVI	h Hue,	2/21	16 6	9.5,H			
	2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 4NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxics		4. RACE — American Indian, Black, Whita, atc.			
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 YES 2 -HO Specif		Specify: In - L.			
15. DECEDENT'S EDUCA	TION 18a. DECEDENT'S USE	IAL OCCUPATION	18b. KIND OF BUSINESS/INDU	12/17C/C			
(Specify only highest grade co	mpleted) (Give kind of work	done during most of working	(eb. KIND OF BUSINESS/INDO	SINT			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Mound					
17. FATHER'S NAME (First, Middle, Last)	I GII CIII	18. MOTHER'S NA	ME (First, Middle, Majden Surname)				
HAWES ILL F	Reeman	Luto	Pun Welln	noker,			
199. INFORMANT'S NAME (Type/Print)		DRESS Street and Number or Rural	Route Number, City or Town, State, Zip C	Code) / j			
Mrs. Willie Lee	Wellmaker 3219	Liedmont A	UP BAllimo	emd.21216			
20e. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION State pthe place)	ON (Name of cemetery, crematory or	20c. LOCATION — CI	ity or Town, Stata			
4 Donation 5 Other (Specify)	MITHUR	BURN CEN	1 BALTO	Mo			
21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	22. NAME AND ADDRESS OF FA	CILLY SS FUNEYI	41 Itome			
Joseph 1	Le Russ	2 1	ORTHAYE 2	1216			
	mplications that caused the death, Do not st Dnly one cause on each line.	enter the mode of dying, suc	th as cerdiec or respiretory arre	at, Approximete Interval Between			
IMMEDIATE CAUSE (Finel	t brily one cause on each line.			Onset and Daath			
disease or condition							
	Hepatic	tailure		Onset and Death			
resulting in dasth)	DUE TO OR AS A CONSEQUENCE OF):	tailure		Onset and Dadii			
resulting in dasth) a.	DUE TO LOR AS A CONSEDUENCE OF):	tailure		Onest and Death			
sequentially list conditions, if any, leeding to immediata	DUE TO (OR AS A CONSEQUENCE OF):	tailure		Criset and Daaiii			
sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A CONSEQUENCE OF):	tailure		Crises and Dadiii			
resulting in dasth) a. Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING	Circhosis	tailure		Crises and Daalii			
sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):	tailure		Crises and Daalii			
Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): contributing to death but not resulting in the			24b. WERE AUTOPSY FINDINGS			
Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): contributing to death but not resulting in the		PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE			
Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):			24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO			
Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): contributing to death but not resulting in the		PERFORMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that inflisted events resulting in death) LAST d. PART II. Other significant conditions	DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): contributing to death but not resulting in the contribution of the contributio	26. PLACE OF DEATH (C	PERFORMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
resulting in desth) a. Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): contributing to death but not resulting in the contributing to death but not resulting in the contributing to death but not resulting in the contributing to death but not resulting in the contributing to death but not resulting in the contributing to death but not resulting in the contribution of	eumonia	PERFORMED? 1 VES 2 NO neck only one)	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
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after death. Page 6 may be retained by the hospital or attending physician.	y the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should noval.	cal examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

29b. SIGNATURE ANO TITLE OF CENT

31. DATE FILED (Month, Day, You)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

32. REGISTRAR'S SIGNATURE

			ENT OF HEALTH AND	MENTAL HYGIEN	E	
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	0		ATE OF DEATH	REG. NO	AY YE	3. TIME OF DEATH
	GRUNTOWI (t birthday) IF L	INDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give street	1 11	YRS.	CITY, TOWN OR LOCATION OF D	7-22-	9c. COUNTY	
RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. CITY, TOWN OR LOCATION BALTIMORE 100. STREET AND NUMBER 5709 CYNTHIA TERR 101. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ABMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or NO— 14. R. B. B. B. B. B. B. B. B. B. B. B. B. B.						LTO
						LIMITS?
						A
						RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUCAT (Specify only highest grade col	mpleted) (Gi	CEDENT'S USU five kind of work of Do NOT use refi	AL OCCUPATION done during most of working lired.)	16b. KIND OF BU	ISINESS/INDUST	TRY
17. FATHER'S NAME (First, Middle, Last) WALTER GRUN	TOWICZ St	ys	16. MOTHER'S NA	AME (First, Middle Maider		ykiel
MATTHEW GRUN	TOWICZ 3	5. MAILING ADD	CYNTHIA TE	ROUTE Number, City or Too	vn, State, Zip Coo	5. 21206
20s. METHOD OF DISPOSITION 1	i from State Other pla	acel a	REMATORY	20c. LG	ALTO	or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE ON A		OR MARKE AND ADDRESS OF E	CILITY PULL CA	CAL LO	ME
Allauso X.	Torlansk		CVACH/ROSEY	AVE. BAL	DO. OT	. 21238
23. PART I. Enter the diseases, or conshock, or heart fellure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one ceuse on sech line	nA	1211 CHESTACO	AVE., BAL	oratory arrest	Approximate interval Between Open and Dec
shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING	CARCINON	A A QUENCE OF):	PAIL CHESTACE	AVE., BAL	oratory arrest	Approximate interval Between Open and Dec
shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielty list conditions, If any, leading to immediate	CARCINOM DUE TO (OR AS A CONSE	QUENCE OF):	PAIL CHESTACE	AVE., BAL	oratory arrest	Approximate interval Between Open and Dec
shock, or heart feliure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentieity list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF): QUENCE OF):	12/1 CHESACO enter the mode of dying, suc	AVE, BAL the as cardiac or reap W(Tet /	NAUTOPSY	Approximate Interval Betwee Onset and Dea
shock, or heart feliure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTION OF TO (OR AS A CONSE	QUENCE OF): QUENCE OF): QUENCE OF): Feaulting in the second of the se	DATE CHETACE Inter the mode of dying, such COLON THE COLON 28. PLACE OF DEATH (C) THER:	AVE., BAL the accordance or reap W(Tet 1) Part I. 24a, WAS A PERFO 1 YES	NAUTOPSY	Approximate Interval Betwee Onset and Dea
shock, or heart feliure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECUTION OF AS A CONSECUTIO	QUENCE OF): QUENCE OF): QUENCE OF): Feaulting in the second of the se	Denter the mode of dying, such that the mode of dying, such that the mode of dying, such that the mode of dying, such that the mode of dying, such that the mode of dying, such that the mode of the m	AVE., BAL the accordance or reap W(Tet 1) Part I. 24a, WAS A PERFO 1 YES	NAUTOPSY PRINCIPAL 2 12-140	Approximate Interval Betwee Onset and Dear Onset and Dear Onset and Dear Onset and Dear Onset and Dear Onset and Dear Onset and Dear Onset

290. LICENSE NUMBER
D / 77 L P
Ba Yin Gung, M.D.P.A.
8022 Belair Rd.
Baltimore, MD 21236

29d. DATE SIGNED (Morith, Day Year)

5/25/90

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	GRAY.	ETHE	EL L
	10/08	/31	F

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	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF						I YGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) ETHEL _ GRA							2. DATE OF MONTH MAY	OEATH DAY		YEAR 990	2:20 a.m.
	4. SOCIAL SECURITY NUMBER 218-26-5296	5. SEX 6. AG	E (In yrs. lest birthday) 58 YRS.	IF UNDER		F UNDER 2	MIN.	7. DATE OF BIRTH 1 1 1 2 2 3 1 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			8. BIRTHP Country)	LACE (State or Foreign
N.	99. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL 99. CITY, TOWN OR LOCATION OF DE BALTIMORE CITY						N OF DE					
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT		40- 0/2		D I COLTIC							10d. INSIDE CITY
DIRE	MD			BALTIMORE, CITY					1			LIMITS7
FUNERAL DIRECTOR	1410 E. LAFAYETTE AVE.			101. ZIP CODE 21213					10g. CITIZEN OF WHAT CO			
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2/ NO	PMED 13. WAS DECENDENT OF HISPANIC If yes, specify, Cuben, Mexican, 1 YES 2 NO Specify:			n. Puerto Rican, stc.) B			Black,	American Indien, White, etc. BLACK	
COMPLETED	15. DECEDENT'S EOI (Specify only highest grad Elementery/Secondery (0-12) 10th GRADE	UCATION le completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	(Give kind of work done during most of working life. Do NOT use retired.)					OSCAR T. SMITH CO.			н со.
COM	17. FATHER'S NAME (First, Middle, Lust) TOM BELL	· · · · · ·				в. мо тн	ER'S NA	ME (First, Mide	lle, Malden S IPS	Surname)		
TO BE	10. IMPORMANTIC NAME (Top (Field)								1218			
	20a, METHOD OF DISPOSITION 1							E, MD				
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE OX A SOL)		NAME AND				110	1 E	. NO	RTH AVE.
	IMMEDIATE CAUSE (Finel disease or condition	complications that course or . Liet only one cause or	eech line.				. =	h ee cerdled	or reepli	ratory er	rest,	Approximate Interval Between Onset and Deeth
z	disease or condition resulting in death) s. A CUTB HEFRT C FAIL VIET DUE TO (OR AS A CONSEQUENCE OF): METASTATIC INFILTRATING SACRET CA								19 MO			
CERTIFICATION	Sequentially liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)											15/21
ERTIF	that initiated events resulting in deeth) LAST d.											
CAL C	PART II. Other eignificent condition	ons contributing to deati	but not resulting	In the u	nderlying	ceuse g	lven in		le. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDI								_ '	YES 2	NO		OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL	1	-		26. PLA	CE OF DE	EATH (Ch	eck only one)				
SIC	EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHE		5 🗆 Re	sidence	8 🗆 Other (S	Specify)			•
ВУ РНУ												
	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route City or Town, State)							oute Number,				
COMPLETED	29e. CERTIFIER (Check only one) 29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 29e. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated.											
BE	296 NONATURE AND TITLE OF CENTIFI	M/M	MAVICH	AR	NA	29c. LICE	NSE NU	MBER		29d. DA	TE SIGNED	proven plus Year)
10	30, NAME AND ADDRESS OF PERSON W	MO COMPLETED CAUSE OF	OEATH (ITEM 27) (Typ	o, Print)	ALTE	(3	A	ETMI	TRB I	MA	2/2	05
	31. DATE FILED (Month, Day, Year) MAY 3 0 1000	32. REGISTRAR'S S				91	В					<i>y</i> , •
	1330		Madhan									DHMH-16 Rav 1/8

DHMH-16 Rav 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

_	REGISTRAN	O-LITTE	ONIL	1 DEA		HEG. NO		
	1. DECEDENT NAME (Fight, Middle, Last) Roadell C.	=N				OATE OF DEATH	61	SEAR 3. TIME OF DEATH SEAR S
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In y) M 2 F 66	rs. last birthday) YRS.	MONTHS DAY			DATE OF BIRTH		6. BIRTHPLACE (State or Foreigh Country) Md.
~	9a. FACILITY NAME (If not institution, give street and number) Bon Secour Hospital			9b. CITY, TOWN OR LOCATION OF DEATH Baltimore 8c. COUNTY OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT			Daili	юге			
EC	10a. STATE 10b. COUNTY	10c. CIT						10d, INSIDE CITY LIMITS?
	Md.	G	len Bu	rnie				1 TYES 2 NO
FUNERAL	10e. STREET AND NUMBER 305 Cherry Lane		101. ZIP CODE				10g. CIT	IZEN OF WHAT COUNTRY?
NE	•		1 40 1114		1061			USA
	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEOENT EVER IN U. FORCES? 1 1 1/2 YES 2 1 1/2 YES 2 1 1/2 YES 2 1 1/2 YES 2 1 1/2 YES 3 (IVE WAR OR DATE	S. ARMED	If yes	, specify Cubi	in, Mexican, P	ORIGIN? (Specify Yearto Rican, etc.)	or No—	14. RACE — American Indian, Black, White, atc.
BY	3 ∰ Wildowed 4 □ Divorced 3/43 1/46	''	YES 2 NO	ъреспу:		Specify: Black		
	15. DECEDENT'S EDUCATION 16e. DECEDENT'S (Specify only highest grade completed) (Give kind of w			ATION most of worki	ng	16b. KIND OF BU	SINESS/IN	DUSTRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	se retired.)			U.S.	Gov	ernment	
OME	17. FATHER'S NAME (First, Middle, Last)		_	16. MOT	HER'S NAME	(First, Middle, Maiden	Surname)	
BE C	Ernest Green				Laura	White	Gree	n
TO B	19a. INFORMANT'S NAME (Type/Print)					e Number, City or Tow		
F	Gay Green	1				ena, Md.	211	
	20e METHOD OF DISPOSITION 1 ID Buriel 2 Cremetion 3 Removal from State	lace of Dispon her place) Id. Vet	SITION (Name o	Cometery, crei	metory or			City or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	iu. vet			SS OF FACILI		owns	ville, Md.
	· Chail a ester	7	1	_		rs Funera 1. Balto		
	23. PART I. Enter the diseases, or complications that could be speck, or heart failure. List only one cause of each							
	IMMEDIATE CAUSE (Final						,	Onset and Death
ŀ	disease or condition resulting in death) a. M. Mucclin DUE TO (OR AS A CC	Merent	ent St	gu o	auer	is sgisi	9	
_	Sequentially list conditions, Due TO (OR AS A CC)	Cu M.	7	1111:	-			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DISEQUENCE O	F):	fun	-			
CA	CAUSE (Disease or Injury							
Ħ	that initiated evants resulting in death) LAST	INSEQUENCE O	F):					
S	d							
Ä	PART II. Other algorificant conditions contributing to death but						RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL	Find Stage reneel disease 200 5 mill boul olistich	t. all	Vio Se	Cenen	11.1	1 TYES	ONO.	COMPLETION OF CAUSE OF DEATH?
Σ					Ú	cle		1 TYES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL	5/Palu	umill 2	B. PLACE OF	DEATH (Check	only one)		
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatie	ent 3 🗆 DOA	OTHER: 4 - Nursing	Home 5 🗆 R	lasidenca 8	Other (Specify)		
PHYSICIAN:	27. MANNER OF OEATH 28a. DATE OF INJURY (Month) Day, Year	26b. TIN	IE OF 28c	INJURY AT WORK?	26	d. DESCRIBE HOW	INJURY OC	CURED
B≺	1 Accident S Pending Investigation	A	11/1	YES 2				
<u>E</u>	3 Suicide 6 Could not be determined 28a. PLACE OF INJURY – building, etc. (Specify)	At home, term.	strong, telestory	office	20	City or Town, State		r or Rural Route Number,
LET	29a. CERTIFIER	4	4 - 4 15 - 15 - 15					
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the beals of examination as							
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	10		29c. LIC	ENSE NUMBE	R	29d. OAT	TE SIGNEO (Month, Day, Year)
TO B	pulman shop n	11)			24	592		27 ma 90
	B, SHABAZZ MN 7231	0.	he H	un ch	- n-	, Gle	nhu	orne md 2106/
	31. OATE FILED (Morith, Day, Your) MAY 3 0 1990 July Saindson-ha	URE	nu 17	7	(1)	, , ,	770	114 2100/
	MHI 2 1 1990 Stree Dangs and 16	* 113.34						

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12:20 am

burial-transit permit. Pages 1, 2, 3 should

FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

old be detached for use as the funeral the f filled in by completely executed within and (Hygiene prior to the attending physician Mental Hygiene prior to certificate be requires that the death n signed by the ō Dept. WE s certificate has the the State Dept The the with w L DR ATTENDING P. DIRECTOR: After ti hours after death v TO THE HOSPITAL ITO THE FUNERAL ITO BE filed within 72 h

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH YEAR May 25, 1990 12:20 A Carroll GAFF F. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign ,1915 - MARYLAND March 28 214-03-4039 1 XX 2 - F 75 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH FRANKLIN SQUARE HOSPITAL Baltimore County DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10b. COUNTY MARYLAND BALTIMORE 1 YES 2 NO 10e, STREET AND NUMBER FUNERAL 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4514 WOODLEA AVE. S. 21206 U. Α. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 $\boxed{\times}$ YES 2 $\boxed{\times}$ NO IF YES, GIVE WAT OR DATES $\boxed{\times}$ W $\boxed{\times}$ I $\boxed{\times}$ 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: WHITE 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) NA College (1-4 or 5+) SALESMAN NA DEPARTMENT STORE notified at once. 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) MICHAEL GAFF REGINA MORGAN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DOROTHY M. JEWELL (NIECE) 4514 WOODLEA AVE. BALTO., MD. 21206 pe 20a. METHOD OF DISPOSITION
1 № Burial 2 □ Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — Cify or Town, State must OAKLAWN CEMETERY BALTIMORE, MD. Donation 5 - Other (Specify) examiner 22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOMES, INC. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 3331 BREHMS LANE, BALTO., MD. 21213 medical 23. PART I. Enter/the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximete ahock, or heert feilure. List only one cause on each line. intervai Betwe Onset and Death IMMEDIATE CAUSE (Final the disesse or condition Asystole. resulting in death) other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Pulmonary Edema. CERTIFICATION Sequentially liet conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING Cardiac Arrest. CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL any COMPLETION OF CAUSE 1 - YES 2 X NO DF DEATH? Shows 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: 1 - YES 2 X NO 4 Nursing Home 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 X Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is 3 Suicide e Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE - 5/25/90 forsce 5-25-90 N/A 30. NAME AND ADDRESS/OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 9000 Franklin Square Dr., Balto., 21237 Patrick Joyce, M.D. Sur Davidson-Randall 31. DATE FILED (MONTH, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

ed by the hospital or attending physician. uid be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hMrs after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a within 72 hours after death with the State Deat of Health and Mental Hotelete prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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withi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune and authority of the completely filled in by the fune authority of the completely filled in by the fune authority of the completely filled in by the fune authority of the completely filled in by the fune authority of the completely filled in the completely filled in by the fune authority of the completely filled in t	vent,
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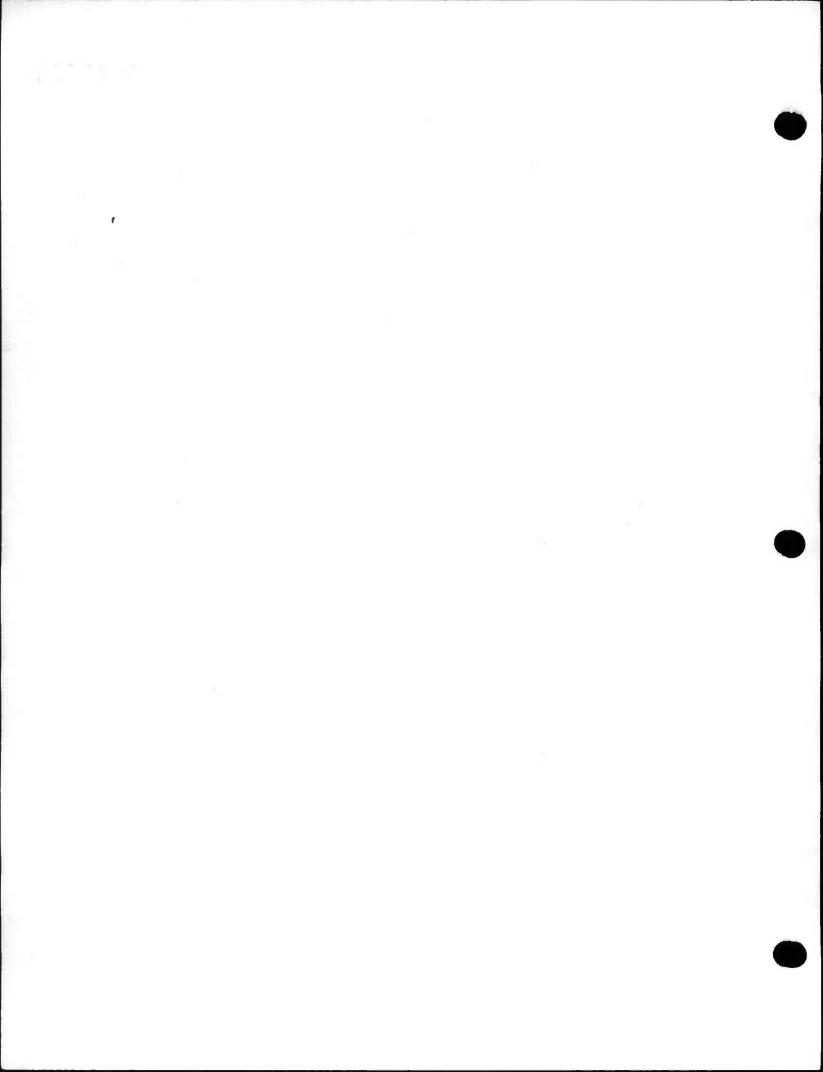
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	R	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		1 4 6			2. DATE OF D	DEATH DAY	YEAR	3. TIME OF DEATH
Selma M:	50	1d berg	-		May	24	1990	11:25 Pm
0.0 1. 0000	5. SEX 6. AGE		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De	y, Year)	8. BIRT Cour	THPLACE (State or Foreign http://
90. FACILITY NAME (If not institution, give stre St. Joseph's -	et and number)			or LOCATION OF DE	ATH TOWS	ON 9	Balti	DEATH MOCE
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			OWN OR LOCAT					10d. INSIDE CITY
Maryland Bal	to. Court		ngo	nece	ما			LIMITS?
100. STREET AND NUMBER 29 Cedarn	ere Roc	ad		ZIP CODE		'	og. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 \(\sum \) YES IF YES, GIVE WAR OR D	2 (X) (O	If yes, sp	ENDENT OF HISPAN ecify Cuben, Mexica 2 XXXO Specify	n, Puerlo Ricar	pecify Yea or 1, elc.)	Bla	CE — American Indien, ck, White, alc.
15. DECEDENT'B EDUCA (Specify only highest grade of	TION ompleted)	16a. DECEOENT'S USI (Give kind of work	done during mo	ON st of working	16b. KIN	D OF BUSIN	ESS/INOUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re SAI	LESPERS	SON		S	HOES	
17. FATHER'S NAME (First, Middle, Last) HARRY SINDLE	7D			18. MOTHER'S NA	ME (First, Middl NNIE U			
19a. INFORMANT'S NAME (Type/Print)	JI.(19b. MAILING AD	DRESS (Street	and Number or Rural F	Route Number, C	City or Town, S	State, Zip Code)	
MELVIN GOLDBE	ERG	29 CI	EDARME	RE RD. OV	VINGS N	AILLS,	MD 21	117
20e. METHOO OF OISPOSITION 1 Duriel 2 Cremation 3 Remove 1 Donation 5 Other (Specify)	ral from State	other place) HEB		ING MENS	_		SALTO.	
21. SIGNATURE OF FUNERAL SERVICE LICE			22, NAME A	ND ADDRESS OF FA	2 TANSE	DDOG.	. TNC	
Hoel U	Verins	_						MD 21215
23. PARTI. Enter the diseases, or control of the co	est only one cause on a	ach iina.			n as cardiac	or respirat	tory arrest,	Approximata interval Batween Onset and Desth
Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):						
PART II. Other significent conditions	contributing to deeth	but not resulting in t	the underlyin	g ceuse given in		n. WAS AN AL PERFORMI	EO?	No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one)			
	HOSPITAL: 1 ☑ Inpetient 2 ☐ ER/Out	patient 3 DOA 4	THER:	ne 5 🗆 Residence	8 Other (S	pecify)		
27. MANNEB OF OEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y W	JURY AT DRK? YES 2 NO	28d. DEŞCRI	IBE HOW INJ	URY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJUR building, etc. (Spe	Y — Al home, farm, atre	et, factory, offic	:0	28f. LOCATIO City or To	ON (Street and own, State)	l Number or Rura	of Route Number,
(Cirock Only	IAN: To the best of my know							e(e) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	:	29d. DATE SIGN	EO (Month, Day, Year)
At cara	2			014	927	,	>	5/24/90
30. NAME AND ADDRESS OF PERSON WHO		_		1405/10	TAL			, , , , , , , , , , , , , , , , , , , ,
MAY 3 U 1990 July	32. REGISTRAR'S SIG	-						

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-	641	21	N.	ELLIGI	TH
	02/	22	121	*	an

	1 - STATE REGISTRAR	STATE OF MA			ITMENT					YGIENI EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)		- VL	MIII	ICATE	- 01	DLA		2, DATE OF D	EATH			3. TIME OF DEATH
,	ELLIOTT		GAL	KIN					MAY 2	4, 1	990	YEAR	8:10A M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER		IF UNDER		7. DATE OF B	IRTH		8. BIRTH	IPLACE (State or Foreign
	083-12-9260	1 XXN 2 □ F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	FEB.	22.	1921	NE	W YORK
1	9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF DE			9c. COU	NTY OF D	EATH
OR	THE JOHNS HO	PKINS HOS	PITAL		BA	LTIM	ORE_						
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		10c. CIT	Y, TOWN (OR LOCAT	ION						10d. INSIDE CITY
DIRECTOR	MD	BALT	IMORE	TI	NONI	JM							LIMITS? 1 TES 2 NO
	10e. STREET AND NUMBER					10f.	ZIP CODE	5002			10g. CIT	IZEN OF Y	WHAT COUNTRY?
ER/	2211 Midridge rd	•					4.	1093				US	SA
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARM		13.	WAS DEC	ENDENT O	F HISPAN	NC ORIGIN? (Sp n, Puerto Rican	ecify Yes	or No-	14. RACE Black	E — American Indian, k, White, stc.
BY	3 WIdowed 4 Divorced IF YES, GIVE WAR OR DATES WWIII 1 YES 2 WHO Specify:						Speci						
	15, DECEDENT'S EDUC	CATION	16a. DEC	EDENTS	USUAL O	CCUPATIC	N		18b. KIN	D OF BUS	INESS/INC	DUSTRY	WHITE
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Alfo.		work done se retired.)			_			ABOD		
AP.		5+			P	ROFE	SSOR	OF I	MUSIC	& J	OHNS	HOP	KINS
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI		ME (First, Middle		Sumame)		
BE	SAMUEL GALKIN								HEL CA				
2	19a, INFORMANT'S NAME (Type/Print)	CALIZEN							ONIUM,				
	MRS. RUTH	GALKIN	20b. PLACE C				_		ONTOLLY				own, State
	XXBurial 2 ☐ Cremation 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	other pla	cel	ZUK			andry or				,	E, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC				22.	NAME AF	D ADDRE	\$8,9E,54	RILITY BR	08	TNC		
	ree 10	Louis										. M	D 21215
	23. PART i. Enter the diseases, pr	complications that	caused the dea	ath. Do									Approximate
	ahock or heart fallure.	List only one caus	se on each line.										Interval Between Onset and Death
	disease pr condition resulting in death) a. Luce failure										Commoder		
	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions, Character yn hegy Cultural Oyeans												
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sylvanse Sylvans												
은	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):											
E	reaulting in death) LAST												
	DAST II Other classificant and disease	telbustle - te	doest had not a	4	In 4h				Powl or		AUTOPSY	100	b. WERE AUTOPSY FINDINGS
CAL	PART ii. Other algnificant condition		death but not n	esulang	in the u	naeriyin	g cause	given in		PERPOF	MED?	248	AWAILABLE PRIOR TO COMPLETION OF CAUSE
	aget deg deline	241							- 10	TES 2	□ NO		DF DEATH?
Σ									_				1 YES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL	T. 100 and				26. PI	ACE OF D	EATH (Ch	eck only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHE 4 Nu		e 5 □ R	ealdence	6 Other (Sp	ectly)			
F	27, MANNER OF DEATH	28a. DATE OF (Month, De		28b. TII	ME OF	28c. INJ WC	URY AT		28d. DEŞCRI	BE HOW I	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation			L	М		YES 2	□ NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At hor etc. (Specify)	me, ferm,	street, fac	ctory, offic	•		28f. LOCATIO	WI (Street win, State)	and Numbe	er or Rural	Route Number,
ETED	AA- CERTIFIED												
COMPL	(Check only												(s) and manner as stated.
8			antenation and or a	itoutigat	ion, at my	ориноп, с				piace, ar			
H ₂	29b. SIGNATURE AND TITLE OF CERTIFIE	111X					29c, LIC	ENSE NUI	MBER	,	29d. DA	TE SIGNE	D (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUS	E OF DEATH (ITE)	M 27) (Tvo	e, Print)		17/0	07	ात्स			1 4	, , ,
		לב מו מל או	2247										
	31. DATE FILED (Month, Day, Year)	32 REGISTRA	H'S SIGNATURA	nda 86									
	05/24MAY 3 U 1991	1 gula De	migral-1/	.									



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$\times\$\text{-roun}\$\text{s}\$ and the feath of the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be flad within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR STATE OF MARYLI	AND / DEPARTI CERTIFIC			IENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	**			2. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH		
1	Barbara E. Gischel				May 26, 1		7:00 A.M. M		
1			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. Bl	RTHPLACE (State or Foreign puntry)		
İ	218 34 0353 1□M²\(\overline{\mathbb{R}}\) \ 51	YRS.	UNITE DATE	HOORE MIN.	May $5, 193$		ryland		
	9e. FACILITY NAME (If not institution, give street and number)	9	b. CITY, TOWN	OR LOCATION OF DEA	АТН	9c. COUNTY O	F DEATH		
6	1204 Fairfield Avenue 21209		Mt. Wa	shington		Baltim	ore Co.		
ឱ្យ	RESIDENCE OF DECEDENT								
DIRECTOR	Maryland Baltimore County	7	Baltim	ore			LIMITS?		
ا دِ	10e. STREET AND NUMBER			. ZIP CODE		OF WHAT COUNTRY?			
FUNERAL	1204 Fairfield Avenue			21209		U.S.	Α.		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ABMED	13. WAS DEC	ENDENT OF HISPANI	C ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indien, Black, White, atc.		
ВУ Г	1 Never Merried 2 Merried IF YES, GIVE WAR OR DA		1 TYES	ecify Cuben, Mexican 2 NO Specify:	, Puerto Hicen, etc.)		specify:		
	AT .				L.,,,	<u> </u>	White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of worlden Do NOT use	k done during me		18b. KIND OF BUS	SINESS/INDUSTR	iv		
ᆲ	Elementary/Secondery (0-12)	Deli Cle	,		Reta	il Food			
MO	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surna								
	James Bernard Jenkins			Sarah	Ethel Jone	es			
) BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, Co)		
٩	Michael Gischel	1204	Fairfi	eld Avenu	ie, Mt. Was	shingto	n, Md 21209		
}	20a, METHOD OF DISPOSITION 20b	. PLACE OF DISPOSIT	ION (Name of ce	CATION — City o					
		cother place) Lakeview N	<u>Memoria</u>	1 Park	Elde	ersburg	, Maryland		
1	21. SIGNATURE OF THE ERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Burgee—Henss Funeral H								
	Dum Guaer Hen	22	3631	Falls Roa	d, Balto.	Maryla	nd 21211		
	23. PART i. Enter the disesses, or complications that caused shock, or heart fellurs. List only one cause on a	the death. Do no	t enter the me	ods of dying, euch	as cardiac or reepi	retory erreat,	Approximata interval Between		
	IMMEDIATE CAUSE (Finel						Onset and Death		
	disease or condition and I to ANT MELAND MA								
	DUE TO (OR AS A CONSEQUENCE OF):								
NO	Sequentielly liet conditions, Due to (OR AS A CONSEQUENCE OF):								
ATI	If eny, leeding to immediate couse. Enter UNDERLYING								
임	CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	reaulting in deeth) LAST								
	PART II. Other significant conditions contributing to death b	ut not regulting in	the underlyle	o cause alven in l	Pert I. 24a. WAS AN	AITTOREY	24b. WERE AUTOPSY FINDINGS		
S	TAIT II. Other significant conditions continuously to death of	at not reediting in	the underlyn	ig couse given in i	PERFOR	RMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ă					1 YES 2	2500	OF DEATH?		
Σ					- 1		1 TES 2 NO		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL		28. F	LACE OF DEATH (Che	nck only one)				
딩	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outs		OTHER:	V	8 Other (Specify)				
Ĭ.	27. MANNER OF DEATH 280. DATE OF INJURY	28b. TIME	OF 28c. IN	JURY AT	28d. DESCRIBE HOW I	NJURY OCCURE	D		
ВУ Р	1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJU		ORK? YES 2 NO					
	3 Suicide 28e. PLACE OF INJURY	/ — At home, term, at	eet, factory, offi	ce	28f. LOCATION (Street		ural Route Number,		
	4 Homicide determined building, etc. (Specify)								
COMPLETED	29a. CERTIFIER (Check only	riedga, dasth occurred	at the time, dat	a end placa, end dua	to the cause(a) end me	nner as stated.			
8	one) 2 MEDICAL EXAMINER: On the basic of examination	n end/or investigation	, In my opinion,	death occured at the	time, date end place, er	nd dua to the cer	use(e) end manner ee stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	IBER	29d. OATE SIG	NED (Month, Day Year)		
O BE	X X M	0		035	606	> 5	127190		
입	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, F	Print)		0				
	SHOULL SHILLS	711	4	OH ST	KAUT	mo	11616		
	31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGN						,		
- 1	MAY 30 1990 Siche Davidson A	andelle							

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF	MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

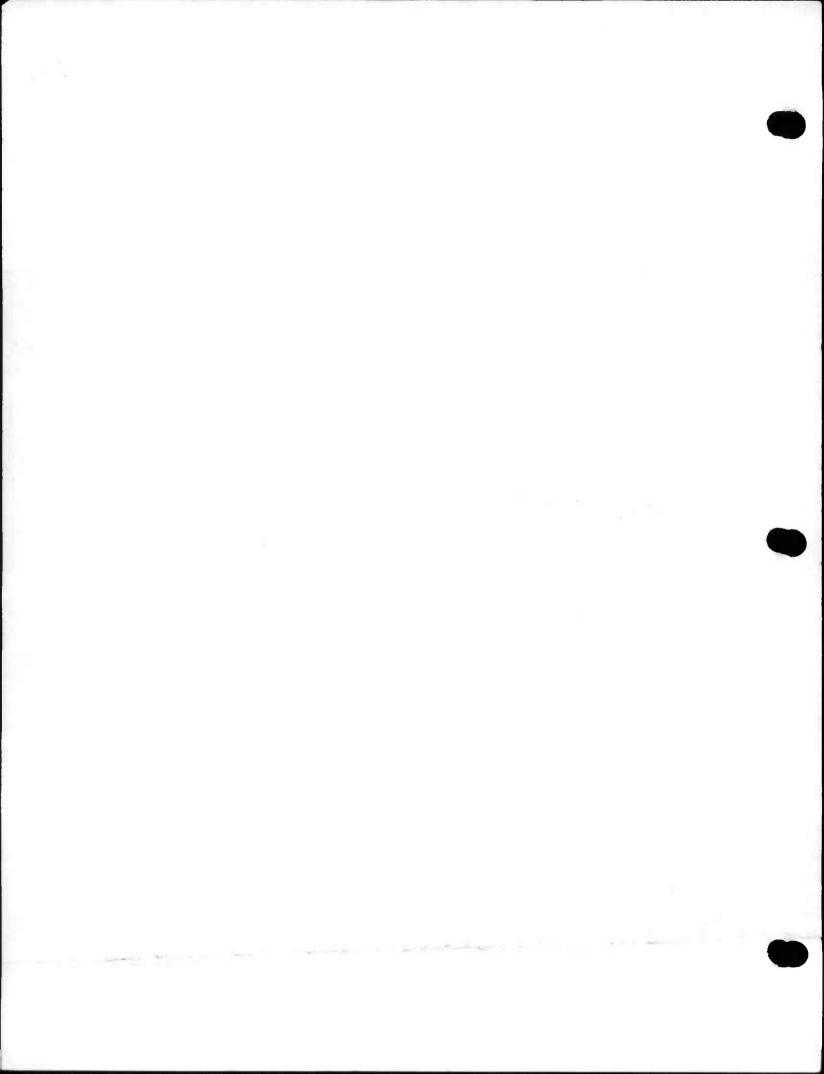
	1 - FOR STATE OF MARYLA	ND / DEPARTM CERTIFIC			IENTAL HYGIENE					
1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATN			
	LUCILLE HINTON				MONTH DAY	0	9:45 AM			
			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1 4 0	NOTAIN ACE /Crain or Coming			
	237-42-6973 1 N 2 X F 59	YRS.	NTHS DAYS	HOURS MIN.	12/31/31	L N	Carolina			
_	9e. FACILITY NAME (If not institution, give street and number)	9b		R LOCATION OF DEA	ITN	9c. COUNTY	OF DEATN			
	University Hospital		Bal	timore						
₩ 1	10e. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?			
5	MARYLAND	BAI	TIMOR	E			1 X YES 2 NO			
3	10e. STREET AND NUMBER		10f	ZIP CODE			OF WHAT COUNTRY?			
	107 N. AMITY STREET			21223			SA			
2	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS OECEDENT EVER IN FORCES? 1 YES	2 (20)	13. WAS DEC	ENDENT OF NISPANI- polity Cuben, Maxican. 2 NO Specify:		RACE — American Indian, Black, White, etc.				
	3 Widowed 4 Divorced IF YES, GIVE WAR OR DA	IES	1 YES	2 ANO Specify:			Specify: BLACK			
3	15. OECEOENT'S EOUCATION (Specify only highest grade completed)	16a. DECEDENT'S USL (Give kind of work	done during mo-	N. st of working	16b. KIND OF BUS	NESS/INDUST				
	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use re	tired.)	of or ordinary						
F										
3	17. FATHER'S NAME (First, Middle, Last) LESTER HOLDER, SR.				NE (First, Middle, Meiden S MAE HOLD					
2	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	ORESS (Street e		oute Number, City or Town		ie)			
2	LESTER HOLDER, JR.				DDLESEX,					
	20s. METHOO OF DISPOSITION 1X Burlai 2 Gremation 3 Ramoval from State	PLACE OF DISPOSITIO	ON (Name of cert	netery, cremetory or	20c. LOC	ATION — City	or Town, State			
	4 Donetion Char (Specify) M	IDDLESEX				SON, 1	N.CAROLINA			
	21. SIGNATURE OF UNERAL SERVICE LICENSEE	_	LEROY	O. DYE	TT & SO	N FUN	ERAL HOME			
	Mrsy Just		4		HEIGHTS					
	21 PART I. Enter the diseases, or complications that caused whock, or hear fallure. List only one cause on ea	the death. Do not	anter tha mo	de of dying, such	as cardiac or respir	atory arrest,	Approximata interval Between			
	IMMEDIATE CAUSE (Final						Onset and Death			
	disease or condition resulting in desth) S. SUDEN CALDIAC ARLEST DUE TO (OR AS A CONSCOUENCE OF):									
							(each in)			
ALION	Sequentially list conditions, If any, leeding to immediate DILATED CARDIDA									
3	ceuse. Enter UNDERLYING CAUSE (Disease or injury									
	that initiated evente resulting in death) LAST	CONSEQUENCE OF):								
Ĺ	d									
AL C	PART II. Other significant conditions contributing to deeth be	ut not resulting in t	he underlying	g ceuse given in I	Part I. 24s. WAS AN . PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
) I	SETTURE DISORDER		<u>.</u>		1 (YES 2		COMPLETION OF CAUSE OF DEATH?			
MEDIC					_		1 TYES 2 NO			
ÿ										
PHTSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PRO 1 Inpution 2 ER/Outp	10	26, Pt THER:	ACE OF DEATH (Che	ck only one)					
2	1 ☐ YES 2 ☐ NO 1 ☐ Inpetient 2 ☐ ER/Outp 27. MANNER OF DEATH 26s. OATE OF INJURY	atlent 3 DOA 4		e 5 Residence (8 Other (Specify) 28d. DEŞCRIBE NOW II	HIBY OCCUP	EO.			
	1 Natural 5 Pending (Month, Day, Year)	INJUR	Y WC	PRK?	and Describe NOW II	JUNI OCCUM	EO			
0	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Spec	- At home, ferm, stre			28f, LOCATION (Street e	nd Number or F	Rural Route Number,			
3 Suicide 6 Could not be determined building, etc. (Specify) 29. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) and manner.										
	29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowl	iedge, death occurred r	rt the time, date	end place, end dua	to the cause(e) end man	ner ee stated.				
one) 2 MEDICAL EXAMINER: On the beele of axamination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) and manner ea stated										
פנ	29b. SIGNATURE AND TITLE OF CERTIFIED	7		29c. LICENSE NUM	BER	29d. DATE SI	GNED (Month, Day, Ybar)			
2	Muchael N. A.	mel son				▶ 5/	27/90			
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE									
	MICHAEL D. FRESSEL, M.O. ZZ S	S. GREENE	or., B	KTIMORE, I	710 21281					
- 1	31. DATA PLED (Month Poy 1990) 32. BEGISTRAR'S SIGN	male 102								

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN	E	0 14001			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEAT	3. TIME OF DEATH			
JOHN	М.	HAYNIE	JR.		5 25		1:15 PM			
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign untry)			
	1 X M 2 - F	YRS. 4		HOOKS WIN.	01-09-9	0 BA	ALTO., MD.			
9a. FACILITY NAME (If not institution, give st	reet and number)	9b	. CITY, TOWN OF	LOCATION OF DE	ATH	9c. COUNTY O	F DEATH			
Sinai Hospital			Balt:	imore		N/	['] A			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION	ON .			10d. INSIDE CITY			
MARYLAND N	/ A	BAT	TIMOR	P.			LIMITS?			
10e. STREET AND NUMBER	7	DILL		ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?			
2830 OAKLEY	AVENUE			21215		USA				
11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED			IC ORIGIN? (Specify Year, Puerto Rican, atc.)	or No- 14. R	ACE — American Indian, lack, White, atc.			
1 🖄 Never Married 2 🗌 Married . 3 🗍 Widowed 4 🗍 Divorced	IF YES, GIVE WAR OR D			Specify			oecify:			
15. DECEDENT'S EDUC	PATION	16a. DECEDENT'S USU	IAL OCCUPATION		16b, KIND OF BUS	INESS (IND. ISTR	BLACK			
(Specify only highest grade	completed)	(Give kind of work	done during mos	of working	160. KIND OF BUS	SINESS/INDUSTR	*			
Elementary/Secondary (0-12)	College (1-4 or 5+)	BABY								
17. FATHER'S NAME (First, Middle, Last)		BIIBI		18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)				
JOHN M. HAYNI	E SR.			DAWN	DAPHNE D	ERRILI				
19e. INFORMANT'S NAME (Type/Print)		19b, MAILING AD	DRESS (Street an	d Number or Rural F	Toute Number, City or Tow	n, State, Zip Code				
SILVER DERRILL		2830	OAKLE	AVENU	E (21215)				
20s. METHOD OF DISPOSITION t ☑ Murist 2 ☐ Cremation 3 ☐ Rema		other place)	ON (Name of com	etery, crematory or	20c. LO	CATION — City o	r Town, Stata			
4 Donation 5 Other (Specify)	M	OUNT CAL		CEMETER		TIMORE	. MARYLAND			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE P. O. BOX 4433										
Nimett	UK-90	não	BROW	N/THOMP	SON F.H.	(2	1223)			
23. PART I. Enter the diseases, or o			enter the mod	e of dying, suc	h as cardiac or resp	Iratory srrest,	Approximate			
IMMEDIATE CAUSE (Final	shock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death									
disease or condition resulting in deeth)	ACUTE AND C	HRONIC BRO	NCHIOL	ITIS AND	PNELIMONTA					
	DUE TO (OR AS	A CONSEQUENCE OF):				•				
Sequentially list conditions,	b	A CONSEQUENCE OF):								
if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (ON AS A	CONSCOUENCE OF):					į			
CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS /	A CONSEQUENCE OF):					+			
resulting in death) LAST	4									
	W									
PART II. Other algorificant condition	s contributing to death t	but not resulting in t	the underlying	ceuee given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
					1 (XYES :	2 NO	OF DEATH?			
					_		TYPES 2 NO			
			144 61							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF OEATH (Ch						
1 XYES 2 NO 27. MANNER OF OEATH	1 ☐ Inpatient 2 💢 ER/Out 28s. OATE OF INJURY	28b. TIME C			6 ☐ Other (Specify) 28d, DESCRIBE HOW	INJURY OCCURE	0			
1 Natural 8 Pending	(Month, Day, Year)	INJUR	Y WO	RK7 ES 2 NO	***************************************					
2 Accident Investigation 3 Suicide S Could not be	26s. PLACE OF INJUR	Y — At home, farm, atre			281. LOCATION (Street	and Number or Ru	ural Route Number,			
4 Homicide 8 Could not be	building, atc. (Spe	ecify)			City or Town, State)				
290. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	wledge, death occurred	et the time, date	and place, and due	to the cause(s) and ma	nner sa stated.				
(Crieck orny	R: On the beels of examination						use(a) and manner as stated.			
29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)										
OCME 5-26-90										
36, NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pr	rint)	OCME		J2	.0 .00			
Frank J. Peret	ti, M.D.	111 Per	n Stree	>t	Baltimore	e. MD 21	201			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	The state of the second							
MAY 3 U 1990	Letin Davidson	-Mandell								

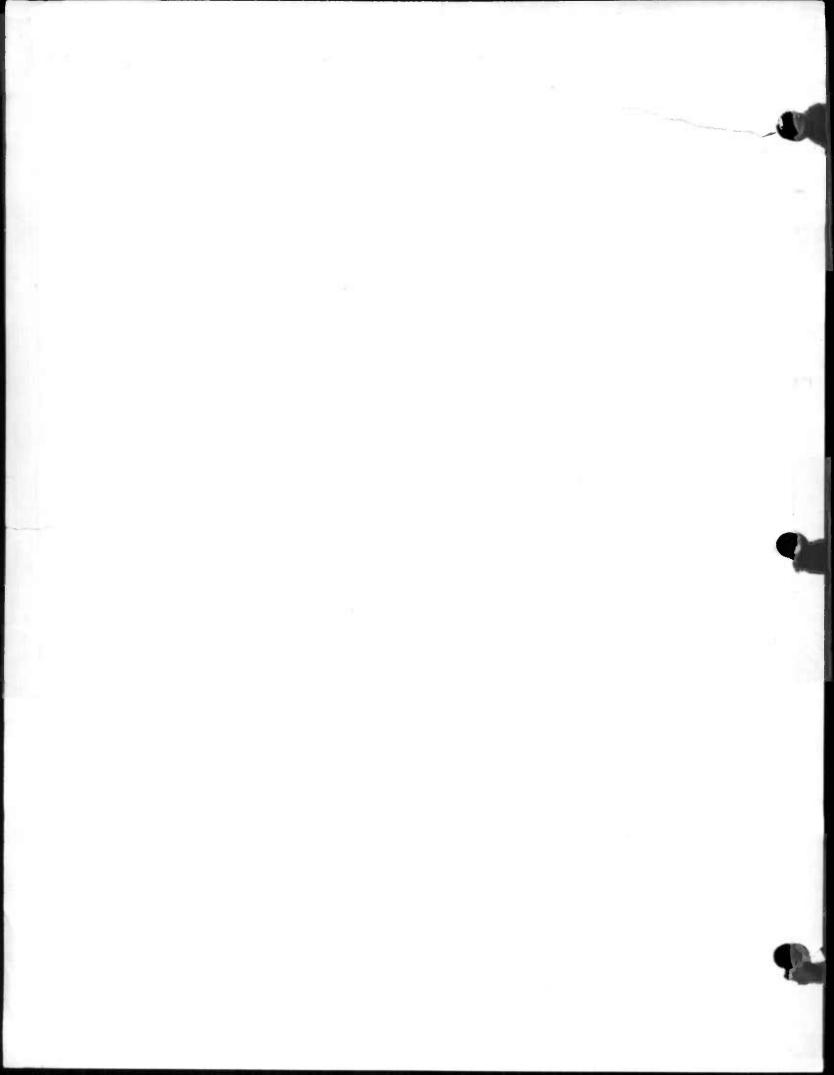


BALTIMORE, MARYLAND 21203-3146 85 02 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within securis after death. Page 6 may be retained by the hospital of aftering the property filed in by the funeral director, page 5 should be detached for certificate within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

ig.	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMENT	OF HE	ALTH A	AND M	ENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	HADI					_	2. DATE OF DEATH MONTH DAY		YEAR	3. TIME OF DEATH
94	BERNARD 4. SOCIAL SECURITY NUMBER	HARI 5. SEX 8. AGE (In	yrs. lest birthday)	IF UNDER 1	VEAR	IF UNDER 2	A HRS	MAY 27	1	990	6:05 p M
	219-12-8157	1 ⋈ M 2 □ F 6		MONTHS	DAYS	HOURS	MIN,	(Month, Day, Year)	4	Country	aryland
- di	9a. FACILITY NAME (If not institution, give a	atreet and number)		9b. CITY,	TOWN OF	LOCATIO	N OF DEA			ITY OF DE	
DIRECTOR	THE JOHNS HOPK	INS HOSPITAL		В	ALTI	MORE			BALTIMORE CITY		
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	γ	10c. CI1	TY, TOWN O	R LOCATION	ON			10d. INSIDE CITY		
E I	MD	Baltimore		1							LIMITS?
- 1	10e. STREET AND NUMBER				10f.	ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
ER	4409 CHAPFIDALE RI	OAD								USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12, WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DAT	2 NO	o If yes, specify, Cuban, Maxican, Puarto Rican, etc.)						14. RACE Black Specif	, White, atc.
	15. DECEDENT'S EDU	16a. DECEDENT'S	S USUAL OC	CUPATIO	N		16b. KIND OF BUS	INESS/IND	USTRY	57001	
COMPLETED	(Specify only highest grade		(Give kind of life. Do NOT u	work done d ise retired.)	luring mas	t of working	1				
P	Sementary (5 m)		Do	ctor							
S S	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	ER'S NAM	E (First, Middle, Maiden	Surname)		
BE	Bernard Harris Sr.							Travers			
5	19a. INFORMANT'S NAME (Type/Print)							oute Number, City or Town			01100
	Betty M. Harris 4409 Chapeldale Road, Randallstown, MD 21133 20e, METHOD OF DISPOSITION (Name of commeter), crematory or 20c. LOCATION — City or Town, State										
	1 C Burlai 2 C Cremation 6 Dotter (Committee) Committee of Committee o										
	21. SIGNATURE OF FUNERAL BERVICE L		REDUTUS			D ADDRES	S OF FAC				WEST
	Van ()	no port									sh Avenue
	23. PART I. Enter the diseases, or mock, or heart fellure.	compilcations that caused. List only one cause on ea		not anter	the mod	de of dylr	ng, such	as cardiac or respi	ratory arr	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease of condition	C	L . L	0	DI.	000	1				Onset and Death
	resulting in deeth)	oue to (or as a consequence of):							nour		
_		- Pancische Mass Zmnuls									
é	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A									
S	cause. Entar UNDERLYING	ISE (Disease or Johns)									
F	DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST										
CERTIFICATION	d								1		
	PART II. Other significant condition	ons contributing to death be	it not resulting	in the un	derlying	cause g	iven in i	Part i. 24s. WAS AN		24b	WERE AUTOPSY FINDINGS
2								1 YES 2			COMPLETION OF CAUSE OF DEATH?
MEC		1						_ / ` `			1 TYES 2 NO
ż	<u></u>										
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		ACE OF DE	EATH (Che	ck only one)			
IXSI	1 TYES 2 NO	1 Sinpatient 2 ER/Outp		4 Nun	sing Hom 28c. INJ		sidence	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OC	CUREO	
4	1 Natural 5 Pending	(Month, Day, Year)		M	WO	RK?	NO	101. 02001102 11011			
	2 Accident Investigation 3 Suicide 8 Could not be	26a. PLACE OF INJURY		, street, fact	tory, office			281. LOCATION (Street		r or Rural I	Route Number,
TE	4 Homicide determined	 building, atc. (Special 	ny)	City or Town, Sta				Only or lown, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my knowle	edge, death occu	rred at the t	time, data	and place,	and dua	to the cause(a) and ma	nner as sta	rted.	
OM		NER: On the besis of exemination	end/or investigs	tion, in my o	opinion, d	eath occur	ed at the	time, date and place, ar	nd due to t	he cause(a) and menner as stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFI	ER				29c. LICE	ENSE NUN	IBER	29d. DAT	TE SIGNED	(Month, Day, Year)
$\mathbf{\omega}$	Attildera	mo								5/27	1/90
5	30. NAME AND ADDRESS OF PERSON W		Ollus +	pe Print)	im	Hor	0,7	J. Balto	merz	M	D
	31. DATE FILED (Month, Day, Year)	A La Davidson-A	and se				-				
	MAY 3 V 1990	gight wandson-in	The same								



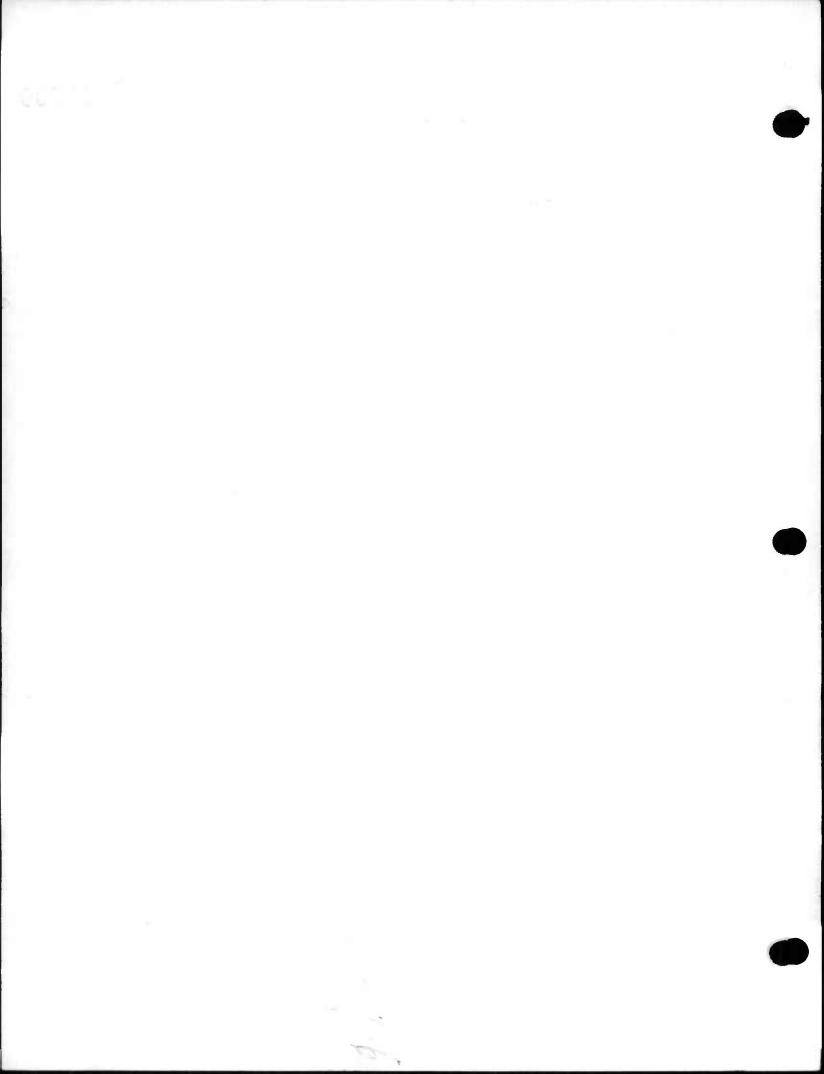
DALLIMORE, MARITAND	24 hours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detachedon, or removal.	he medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

DV · DEEPAK

31. DATE FILED (Month, Day, Year)

INTAX J V 1990

	FOR STATE REGISTRAR		STATE OF I	MARYLAN	ID / DEPA					MEN	TAL HYGIEN REG. NO.	_	90	1468
	1. DECEDENT'S NAME (First				4		1.1.	1-			TE OF DEATH	NY	YEAR	IME OF DEATH
	4. SOCIAL SECURITY NUMBER		Ann			/	,	d50					990 0	202/5 M
	212-18-0		5. SEX	6. AGE (In y	AGE (In yrs. last birthday) F		DAYS	HOURS	MIN.	(M	TE OF BIRTH onth, Day, Year 6/16/10		B. BIRTHPLAC Country)	CE (State or Foreign
	9e. FACILITY NAME (If not institution, give street and number)								ION OF DE				Y OF DEATH	
DIRECTOR	Peninsula General Hospital					S	alis	bury	, MD			W	icomi	
)BE(10e. STATE MD	10b. COUNT	rcester		10c. C	TY, TOWN O		rion City						. INSIDE CITY LIMITS? YES 2 NO
FUNERAL D	10e. STREET AND NUMBER							. ZIP COD	Æ			10g. CITIZI	EN OF WHAT	
212 Wicomico St. 21842 USA														
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:							I4. RACE — A Black, Wh Specify:	American Indian, lite, atc. White						
		EDENT'S EDU		16	Give kind	'S USUAL O	CCUPATIO	ON ast of work	ing		16b. KIND OF BU	SINESS/INDU	STRY	
APLE	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6 yrs. 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refined.) Housewife 16. KIND OF BUSINESS/INDUSTRY Homemaker 16. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 16b. KIND OF BUSINESS/INDUSTRY 17b. Parameters 17b. Paramete													
E CO														
0	19e. INFORMANT'S NAME (Type/Print)			19b. MAILII	IG ADDRES	S (Street a	and Numbe	r or Rural i	Floute N	lumber, City or Tow	n, State, Zip (Code)	
임	190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 190. INFORMANT'S NAME (Type/Print) 212 Wicomico St., Ocean City, Md. 21842													
	20e, METHOD OF DISPOSITION 1 ② Burlel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of commeter), cremetory or other place) Sunset Memorial Park 20c. LOCATION - City or Town, State Berlin, Md.													
	21. SIGNATURE DE FUNERAL SERVICE LICENSEE					22.	NAME A	ND ADDRI	ESS OF FA	CILITY	Burbag 108 Wi Berlin	11iam	s St.	
NOI	23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only ope cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or As A CONSEQUENCE OF):							Approximata Interval Between Onset and Death						
CERTIFICATION	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injustrat initiated events resulting in death) LAS	ING ury	c. DUE TO	OR AS A CO	ONSEQUENCE	Son!	1051	١						
PHYSICIAN: MEDICAL	PART II. Other algnific	ant condition for Local	_	death but		g in the u	//7 /	g cause	given in	Part i	24s. WAS AN PERFOI 1 — YES	RMED?	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
N N	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			1 07.15		LACE OF	DEATH (Ch	neck on	ly one)			
LSI VSI	1 TES 2 NO		1 G Inpatiant 2	☐ ER/Outpati	ent 3 🗆 DOA	4 Nu		ne 5 🗆 F	Residence	8 🗆 (Other (Specify)			
	-	Pending Investigation	28e. DATE O (Month,	F INJURY Day, Year)	286, 1	IME OF NJURY M	W	JURY AT DRK? YES 2	□ NO	28d.	DESCRIBE HOW	INJURY OCC	URED	
3 Suicide 8 Could not be determined 4 Homicide determined							Number,							
COMPLET	(Critick Orlly		SICIAN: To the best of											d manner ee stated.
BE CO	296. SIGNATURE AND TITL			2800		-: 10	-514.11		CENSE NU		1.			eth, Day, Year)
2	30. NAME AND ADDRESS O	OF PERSON W	HO COMPLETED CA	SE OF DEAT	H (ITEM 27) (7)	pe, Print)	_		1/8	011	114	7	1271	43
	DV. DEEP	AK S	AGGAI	3- 59	KTE K	NUER	310	ED	rive	801	sal. n	cl. c	2180	/
	31. DATE FILED (Morith, Day	Year)	32 REGISTR	AR'S SIGNAT	DEC						- 11			



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23 shows any

31. DATE FILED (MOT

permit. Pages 1, 2, 3 should

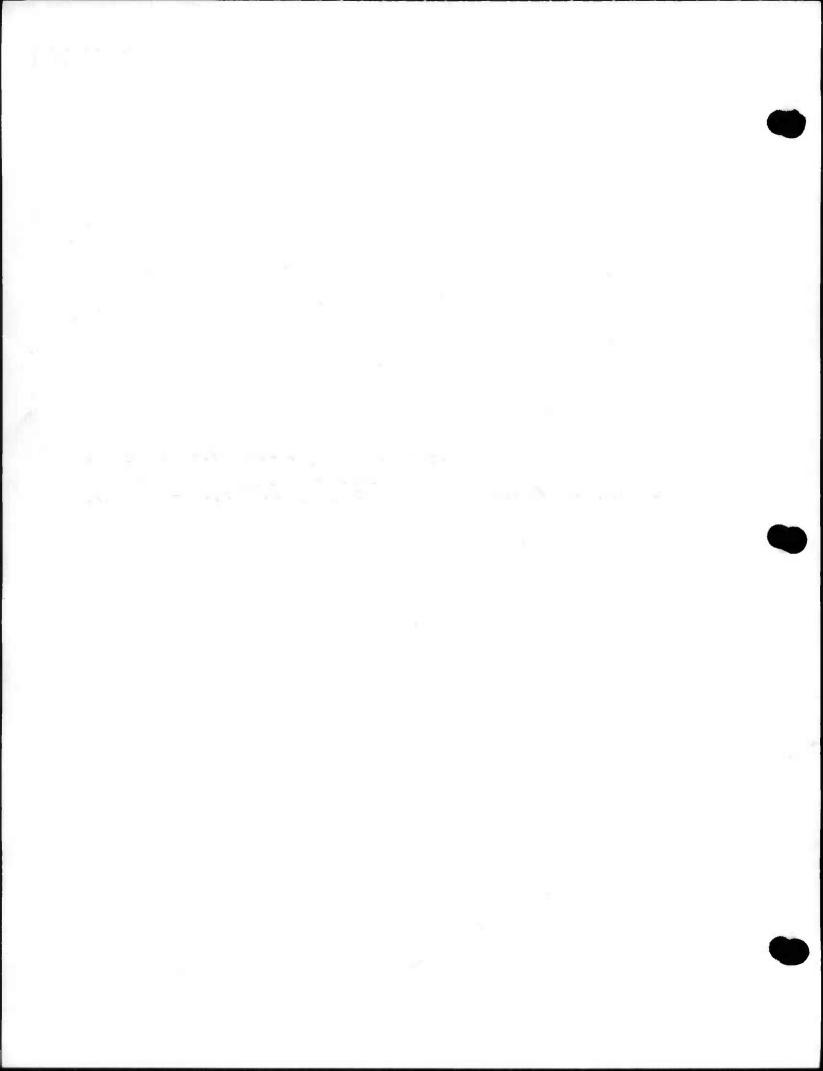
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Par	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of	cremat
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Ethel Hall MONTH 23-90 9:32AM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
(Month, Day, Year)

1 - 29 - 2 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 1 M 2 F 66 Md 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 501 Dolphin Street Baltimore City DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10e. STATE more 1 YES 2 NO DATHIAMO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 10 NO Specify: 14. RACE 1 YES 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced ETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementery/Secondary (0-12) College (1-4 or 5+) COMPL 0 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle BE 2 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (N. 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY RUSS Voceph KUSS hi NOR W. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory **Approximata** shock, or heart fallure. Liet only one cause on each line Interval Batween Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) Arteriosclerotic cardiovascular disease DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not reculting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE Chronic alcohol abuse NO NO OF DEATH? XXXYES 2 NO HEAD ONLY 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) IMPORTANT: If Item 28 is marked, or item HOSPITAL: OTHER: NO NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA me 5 X Residence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME DF INJURY XX Mural 5 Pending M 1 YES 2 NO BY 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated. MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated E AND THELE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 5-23-1990 OCME 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) James Kaplan, MD 111 Penn Street Baltimore MD 21201 VC

SZ. HEGISTAR'S SINGHAM



TO THE HOSPIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF I			GIENE a. no		
	1. DECEDENT'S NAME (First, Middle, Last)		- 1			2. DATE OF DEA	470 ANA	YEAR	3. TIME OF DEATH
				emphill			5, 199	90	М
	4. SOCIAL SECURITY NUMBER 214-09-6005	1 💹 M 2 🗌 F	(In yrs. lest birthday) 74 vrs.	YRS. MONTHS DAYS HOURS MIN.			8/16	Ma	ryland
_	9a. FACILITY NAME (tl not institution, give str				OR LOCATION OF DE		1	INTY OF D	
P	103 Glenrae D	Glenrae Drive Catonsvill					Ba	alti	more
DIRECTOR	10a. STATE 10b. COUNTY	Baltimore	10c. Ci	TY, TOWN OR LOCA	Cato	nsvill	.e		10d. INSIDE CITY NO LIMITS?
FUNERAL	103 Glenrae Dr.	ive		10	zip code 21	228	10g. CIT	USA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 K NO	2 NO If yes, specify Cuban, Maxica				14. RACI Blac Spec	E — American Indian, ik, White, etc. city: White
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	S USUAL OCCUPATI	ON	16b. KIND (OF BUSINESS/IN	DUSTRY	WILLOG
COMPLETED	(Specify only highest grade selementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	work done during m ise retired.) elder	ost of working	0rn	amenta	al N	Metal Work
O O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, M	Maiden Surname)		
BEC									7
0	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural I				
-	Lillian G. Hem				Dr. C				21228
20a. METHOD OF DISPOSITION 1									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE MANUAL MACNAB FUNERAL HOME, P.A.								
	George E.	MacNahh			Frederi				
	23. PART i. Enter the diseases, or c shock, or heart failure. I	omplications that cause							Approximate interval Batween
	IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Respiratory Failore 2 years							
2	Mudifferentiated light lung Carening								
ERTIFICATION	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING DUE TO (08 As A CONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING								
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	CONSEQUENCE	or):					Loon
E	resulting in death) LAST	aster	2 the	EN	egger	10			
1	PART II. Other significant condition	s contributing to death i	but not resulting	in the underlyin	g cause given in		MAS AN AUTOPSY PERFORMED?	24	b. WERE ALITOPSY FINDINGS MAILABLE PRIOR TO
2	chrising	Brone	tite	- con)-Engl	Se in	ASE 5 X NO		COMPLETION OF CAUSE OF SEATH?
MEDICAL	sema				0	<u> </u>			1 🗆 YES 2 🗀 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			***	LACE OF DEATH (Ch	and only and			
豆	EXAMINER?	HOSPITAL:		OTHER:					
1 S	27. MANNER OF DEATH	1 ☐ Impetient 2 ☐ ER/Out 28s. DATE OF INJURY	28b. TI	ME OF 28c. IN	JURY AT		HOW INJURY OF	OCURED	
1 1 X Natural 51 Pending									
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	38e. PLACE OF INJURY building, etc. (Spe		, street, factory, offi	Cel	28f. LOCATION (City or Town	(Street and Number, State)	er or Ponel	Route Number
COMPLETED	foliate only	CIAN: To the best of my know	wledge, death occur	rred at the time, dat	e and place, and due	to the cause(s) s	and manner as at	ated.	
O.	One) 2 MEDICAL EXAMINE	R: On the besis of examination	on and/or investigat	ion, in my opinion,	death occured at the	Time, date and pi	ace, and due to	the cause	(e) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIES				29¢ LICENSE MUI				D (Month, Dey, Year)
0 8	A. Jery	<u></u>			0/84	129	•	May	28, 1990
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (7/0	H, Print)					

Allan Perez,
31. Date Filed (Month, Day, 1967)

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14. Allan Perez,
31. Date Filed (Month, Day, 1967)

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16. Allan Perez,
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D. 1009 Frederick Rd.

21228

Catonsville, MD

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DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the market or item 23 shows any injury or other traumatic event, the medical examiner must
cian and c	ior to buris	raumatic
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HOSPITAL OR ATTENDING

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TO THE F

29b. SIGNATURE AND TITLE OF CENTRE

31. DATE FILED (Month. Day, Year)

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN MONTH 3. TIME OF DEATN YEAR Micha 90 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Yea 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. onth, Day, Yes -48-389 DAYS 1 M 2 F PA. 10 9a. FACILITY NAME (If not institution, give 9c. COUNTY OF DEATN 9b. CITY, TOWN OR LOCATION OF DEATH HENCIS SCOTT Scott Bathingre DIRECTOR 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Battmore 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Schoo 21222 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cutan, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 2 **JNO** 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: ВУ 3 Widowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Coast Guard 4yrs 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Boland Jean Michael John Joyce BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 7411 School Lane Baltimore MAryland 21222 Sandra Joyce 20a. METNOD OF DISPOSITION
1 □gBurial 2 □ Cremation 3 □ Flamoval from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 1 Donation 5 Other (Specify) Baltimore MAryland Oak Lawn Cemetery 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dundal 21222 21. SUM ATURE OF FUNERAL SERVICE LICENSEE onne unira 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or items. List only one cause on each line. Approximate interval Between Onset and Death IMMEDIATE CAUSE (Finsi disesse or condition resulting in desth) Intra Ceveloval DUE TO (OR AS A CONSEQUENCE OF): BOSIEV ANTENY ANEMY DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in dasth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 THO 1 TYES 2 THO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATN (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide determined MPORTANT: If item 29a. CERTIFIER

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

32. REGISTRAR'S SIGNATURE
0.1000 Fishe Deviden Randest

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OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

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	10/25/	113	F	

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	FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEPA	RTMENT OF	HEALTH AND I	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)		1		***	2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH		
	MARIAN	<u>G</u> ,	JACKSON			MAY 24,	1990	8:20A M		
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Moath, Day, Year)		BIRTHPLACE (State or Foreign Country)		
	214-20-0014	1 M 2 PF	70 YRS.			ITO AD		OFDEATH		
œ	9e. FACILITY NAME (If not institution, give str			,	OR LOCATION OF DE					
Ē	THE JOHNS HOPKI	NS HOSPI	TAL	BALT	IMORE CIT	Υ	BAI	TIMORE		
DIRECTOR	10e. STATE 10b. COUNTY	10b. COUNTY			ATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	Ma				1 MOYE					
RAL	10e. STREET AND NUMBER	derick	2 (IOT. ZIP CODE	9	10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	4503 Old Fre		EVER IN U.S. ARMED	13. WAS D		NIC ORIGIN? (Specify)	es or No 14	RACE — American Indian.		
BY FU	1 Never Merried 2 Merried 3 Widowed 4 Divorced	1 Never Married 2 Merried FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				n, Puerto Rican, atc.) y:	Black, White, etc. Specify: Negro			
8	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT	S USUAL OCCUPA f work done during	TION most of working	16b. KIND OF B	USINESS/INDUS	TRY		
COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)		1 1-1	601	1-1		
MP			IVIVYS	612 H	10	1 170	1450	101		
BE CO	17. FATHER'S NAME (First, Middle, Last)	ohns	som		EY A	Johns	on Surname)			
TO B	190. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	t and Number or Rural	Route Number, City or T	1			
	Ethel Jett		1980	3 Silv	er Hil	1 1/0-		ro, Mol-21207		
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo 4 Donetion 5 Other (Specify)	oval from State	20b. PLACE OF DISP other place)	nd Vet	erans (em. Ou	VINGS	Mills, Md		
. }	21. SIGNATURE OF FUNERAL SERVICE LIC	THE STATE OF THE S	*	22. NAME	AND ADDRESS OF FA	CILITY		,		
	(Phas. 19. 6	Touch	e	212	06-08	W. Nor	th (Sive-21217		
	23. PART I. Enter the diseases or c shock, or heart failure. I			not antar tha	noda of dying, suc	ch aa cardiac or red				
	IMMEDIATE CAUSE (Final	C C	1 1		Car	rcinor		Oneet and Death		
	disease or condition reculting in death)	Brong	hoalve		Car	rcinor	ma	SWOWAN		
	DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):									
CAT	ceuse. Enter UNDERLYING CAUSE (Disease or injury	l								
TE	that initiated events	DUE TO	DR AS A CONSEQUENCE	DF):						
H		d								
	PART II. Other algnificent condition	e contributing to	death but not resultin	g in the underly	ring ceuae given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
PHYSICIAN: MEDICAL						1 X YES	2 🗌 NO	OF DEATH?		
ME								1 TYES 2 NO		
ž										
10	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient 3 🗆 DOA		PLACE OF DEATH (C					
IYS	1 YES 2 NO	1 I inpatient 2 28e. DATE OF			lome 5 Residence	6 Other (Specify)	W INJURY OCCU	JRED		
	1 Natural 5 Pending	(Month, Da		INJURY	WORK? YES 2 NO					
BY	2 Accident Investigation 3 Suicide 6 Could not be		F INJURY — At home, farr	n, street, factory, o	ffice	281. LOCATION (Stre City or Town, St		r Rural Route Number,		
五	4 Nomicide determined	building,	etc. (Specify)			City of fown, St				
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PNYS)	CIAN: To the best of	my knowledge, death occ	urred at the time,	late end place, and du	ie to the cause(e) end	manner as state	d,		
COMPLETED		R: On the beele of e	camination end/or investig	ation, in my opinio	n, death occured at th	e time, date end place	, end due to the	ceuse(e) end manner as stated.		
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	1/17	6 1 6	7-1-	29c. LICENSE NO	IMBER	29d. DATE	SIGNEO (Month, Day, Year)		
TO B	CA "Mithele	(11)	sem of le	sidens	1257	582	1 5	127/10		
	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUS	SE OF DEATH (ITEM 27) (ppe, Print)	-les	4:1	0			
	31, DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE									
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	7/2 /40	anino i	1				
	31. DATE FILED (Month, Day, Year) MAY 3 0 1990	The second secon	R'S SIGNATURE	740	prins					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REG. NO.											
	1. OECEDENT'S NAME (First, Middle, Last)								ATE OF DEATH			. TIME OF DEATH
	Lillian	Ε.		J	ORDA	N		Ma	ay 27		EAR .	7:13 p M
1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs	s. lest birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. D/	TE OF BIRTH	8.	BIRTHPL	ACE (State or Foreign
	218-64-6169	1 🗌 M 2 💢 F	80	YRS.	MONTHS	DAYS	HOURS MIN.	(M	6nth, Day, Year) 8-12-09		Country) Ral+	imore,MD.
1	9a. FACILITY NAME (if not institution, give st	reet and number)			9b. CITY.	TOWN 0	R LOCATION OF O	EATH	0-12-0	Bc. COUNTY		
œ	Franklin Square H											
DIRECTOR	RESIDENCE OF DECEDENT	- 4							рати	LIIIO1	re County	
Ä	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION				1	Od. INSIDE CITY LIMITS?
	MD.					Balt	imore				1	YES 2 - NO
A	10e. STREET AND NUMBER				101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	4602 Sunbrook A	venue					21206				U.S	S.A.
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S	ARMED			ENDENT OF HISPA		IGIN? (Specify Yea	or No- 14.	RACE -	- American Indian, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Olvorced	IF YES, GIVE	MAR OR DATES	32.10			NO Specif		no most, otel,		Specify:	
			1					-		l		lhite
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)		(Give kind of life. Do NOT u	work done o	during mo	IN st of working		16b. KIND OF BUS	INESS/INDUS	THY	
빌	Elementary/Secondary (0-12)	College (1-4 or 5		Home M								
M	6th GRade 17. FATHER'S NAME (First, Middle, Last)			Home P	laker		40 MOTHER N	ME (E)	rst, Middle, Maiden	E		
8	17. PAINER'S NAME (First, MIOUR, Last)		Nickel				- Lake	7.1.	rst, Miloule, Maidell -	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)		NICKEI	T	ADDDECC	· (Dt	Emi		Number, City or Town	- Photo Tip Co	of a l	
2												
	William E. Jordan		nos pr						ltimore.			
- 1	20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION — City or Town, Stata 2 dec. LOCATION — City or Town,											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE											
	6415 Belair Road											
	Kullen	11. 1	wyon	y								Md21206
	23. PART I. Enter the diseases, or of shock, or heart failure.				not antar	tha mo	da of dying, suc	ch aa	cardiac or respi	ratory arrest	t,	Approximata Interval Between
	IMMEDIATE CAUSE (Final		0	0					7			Onset and Death
	disease or condition resulting in death)	a	nder	ac		2	res	7				
		DUE TO	(OR AS A CO	NSEQUENCE C	F)			/				77
Z	Sequentially list conditions,	b	15	CV	1	ر						5/10
Ĕ	If sny, lasding to immediata cause. Enter UNDERLYING	OUE IC	OR AS A CO	NSEQUENCE C	IF):							/9
일	CAUSE (Disease or Injury	DUE TO	OR AS A CO	NSEQUENCE C	ne.					·		1
Ē	that initiated events resulting in death) LAST				. ,.							
CERTIFICATION		d										
	PART II. Other significant condition	s contributing to	death but r	not resulting	In tha un	dariyin	g cause given in	Part	I. 24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS
3									1 YES 2			COMPLETION OF CAUSE OF DEATH?
Ä			_								1	I TYES 2 NO
÷ l												
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF OEATH (C	heck or	nly one)			
Sign	1 YES 2 NO	1 Inpatient 2	ER/Outpatie	int 3 🗆 DOA	4 Nur		ne 5 🗆 Rasidence	6 🗆	Other (Specify)			
E	27. MANNER OF DEATH	28a. DATE O (Month,	F INJURY Day, Year)	28b. TII	ME OF JURY		IURY AT ORK?	28d.	OEŞCRIBE HOW I	NJURY OCCUI	REO	
BY	1 Netural 5 Pending 2 Accident investigation				M	1 🔲	YES 2 NO	\perp				
	3 Suicide 6 Could not be	Suicide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								ute Number,		
	4 Homicide determined											
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of	of my knowledg	e, death occur	red at the t	lime, data	and place, and du	e to the	e cause(a) and me	nner as stated.		
OM	one) 2 MEDICAL EXAMINE	R: On the basia of	exemination an	nd/or investigat	on, in my o	opinion, o	death occured at th	e time,	data and place, an	d due to the	cause(s)	and menner as stated.
	29b. SIGNATURE AND TITLE OF CONTINUE	1. /	11/1	2	1	-	29c. LICENSE NU	JMBER		29d. DATE S	SIGNED (Month, Day, Year)
BE	1111	11/11	161	cel	12	2	71	23	78	1 5		75-90
임	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CA	JSE OF DEATH	(ITEM/27) (Typ	e, Print)	-		-	0 -			
	6501 Kee	an	R	Ba	a	5	ne		e 2	12	06	3
	31. DATE FILED MONTH, Day York	F 4	AB'S SIGNAT	%	_					,		
	MAI 3 V 1991	guhar	aur door	-Montenon	-							

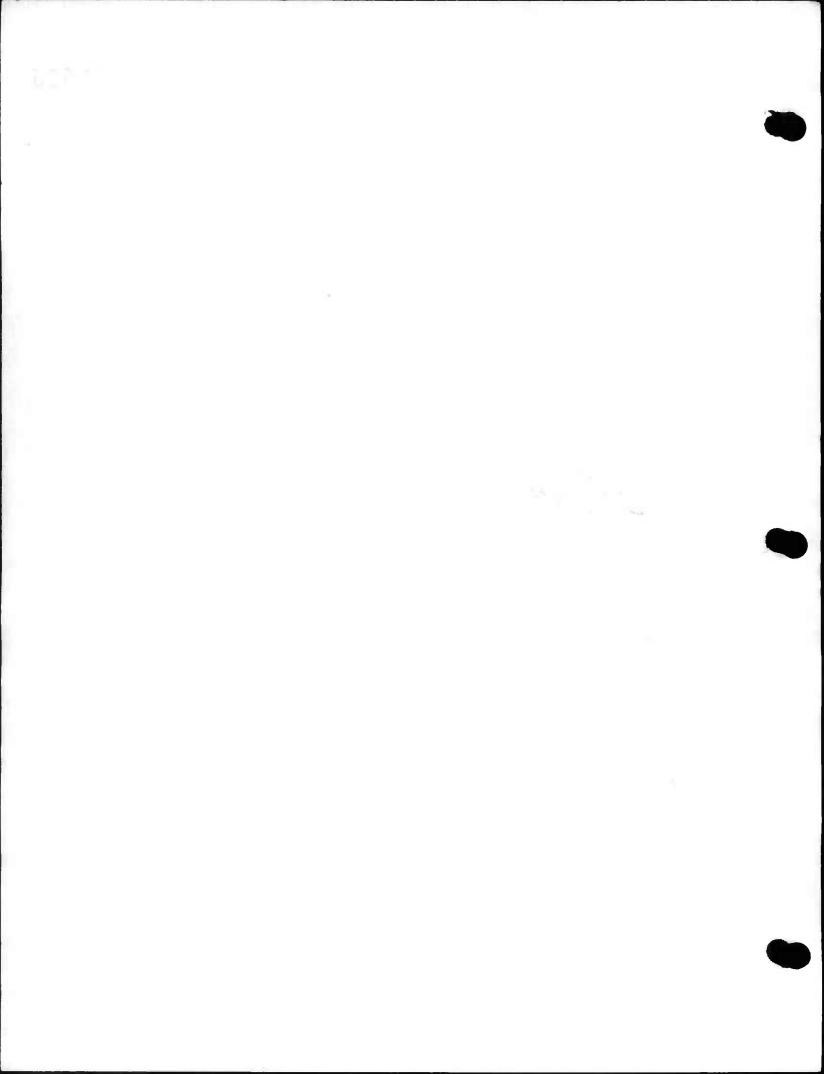
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Mario F. Go 31. DATE FILED (Month, Day, Year) MAY 3 0 1990

	FOR	STATE OF N	I ADVI AND	/ DEDAD	TRACNIT	UE H	EAITU	AND I	MENIT	N UVCIEN	E	90	1469	35
	1 - STATE REGISTRAR	SINIE OF N		ERTIF					VIEN I/	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT		IY_	90	3. TIME OF DEATH	
	NATHANIEL 4. SOCIAL SECURITY NUMBER			JOHNS									0.01	Рм
- 1	2.1.5 - 3.0 - 5.3.7.8	5. SEX 1 7 M 2 F	6. AGE (In yrs. I	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mor	E OF BIRTH oth, Day, Year)	7	Country		
	9a. FACILITY NAME (If not institution, give st	44	52	1110.	9b. CITY	TOWN C	B LOCATI	ON OF DE		5-28-3		BAL.	ro., MD	•
5			0.0.0			more			N /		,			
	University Hosp	$\overline{}$				HOLE			14 /	A				
	10e. STATE 10b. COUNTY				Y, TOWN O								10d. INSIDE CITY LIMITS?	
2		ARYLAND N/A B						_			10 00		1 XXES 2 NO	
2		mmr omr	חת כוו כוו			1,000	. ZIP COD				0.77		HAT COUNTRY?	
	872 WEST FAYE			ARMED	13. 1	WAS DEC	2120	OF HISPAN	NC ORIG	ilN? (Specify Yes	U S		- American Indien, White, atc.	
	1 Xiver Married 2 Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V		NO		f yea, sp	Cubi	n, Mexica Specifi	n, Puerte	Rican, etc.)	TO SHE	Black, Specifi		
0	3 Widowed 4 Divorced												BLACK	
בובה	15. DECEDENT'S EDUC (Specify only highest grade	completed)	180.	DECEDENT'S (Give kind of viite. Do NOT us	Work done	CCUPATIO	ON st of worki	ing	10	5b. KINO OF BU	SINESS/IN	DUSTRY		
ן ל	Elementery/Secondary (0-12)	College (1-4 or 5	+)	LABC										
5	17. FATHER'S NAME (First, Middle, Last)			LADC	KEK		18, MOT	HER'S NA	ME (First	, Middle, Malden	Surneme)			
5	VERNON JOH	NSON						MILD	REI	JOHN	SON			
200	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	S (Street e	nd Numbe	r or Rural i	Route Nu	mber, City or Tow	n, State, Zi	ip Code)		
-	HARRIETT FORT	UNE		4649	MA	NOR	DENI	E RO	AD	(2122	9)			
20e. METHOD OF DISPOSITION 1														
	4 Donation 5 Dother (Specify) ARBUTUS MEMORIAL PARK BALTIMORE, MARYLAN													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. BOX 4433 (21223)								3					
	nyne	au s	- 90	ne						F.H.			223)	
	23. PART i. Enter the diseases, or o shock, or heart failure.				not antar	the mo	de of dy	ring, suc	h as ca	erdlec or reep	ratory a	rrest,	Approximate interval Bety	ween
	iMMEDIATE CAUSE (Finel disease or condition	Q = i =	J <i>i</i>										Onset and D	aath
	resulting in deeth)	8	re disc		F1:			-				-		
2														
2	Sequentielly list conditions, if any, isading to immediate	DUE TO	(OR AS A CONS	SEOUENCE O	F):									
3	cause. Enter UNDERLYING CAUSE (Disease or injury	с												
HILLAHON	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONS	SEQUENCE O	F):								İ	
5		d											1	
AL	PART II. Other significant condition	s contributing to	death but no	t resulting	in the ur	ndariyin	g cause	givan in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FIND	
	Asthma									1X YES	□ NO		OF DEATH?	ISE
M													1 1 YES 2 NO)
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL						LACE OF	DEATH (O)		1				
2	EXAMINER? 1 X YES 2 NO	HOSPITAL:	*XED/Outpations	2 □ 004	OTHE	R:		DEATH (C)						
Ë	27, MANNER OF DEATH	28e. DATE O	INJURY	28b, TIA	IE OF	28c. IN.	JURY AT	tesidence		ther (Specify) DESCRIBE HOW	INJURY O	CCUREO		
BYP														
1	4 Homicide determined													
7	deel drift	ICIAN: To the best o												
COMPLEIED	one) 2 MEDICAL EXAMINE	R: On the basis of	memination end/	or investigati	on, in my	opinion,	death occ	ured at the	time, d	ate end place, e	nd due to	the ceuse(e) end menner ee stat	led.
מב	296 SONATURE AND TITLE OF CERTIFIE		10.	/			29c, LIC	CENSE NU	MBER		29d. DA		(Month, Day, Year)	
2	Mand	Hall	J D				- (OCME				5-2	27-90	
-	36. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	DE OF DEATH (TEM 27) (Type	e, Print)									

111 Penn Street

M.D 32. REGISTRAR'S SIGNATURE Baltimore, MD 21201



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2	executed
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, P.O. BOA 13140,	law comines that the death certificate be executed within 24 n
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2	DHVCICIA
DIVISION OF VITAL RECORDS, 1	ACCRITAL DO ATTEMPING PHYSICIAN: The Is
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iter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should oval.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF I	EALTH AND I	MENTAL HYG					
1. DECEDENT'S NAME (First, Middle, L	CERTIFICATE OF DEATH					2. DATE OF DEATH 3. TIME OF DEATH				
	GLORIA A. JENNINGS					MAY 25, 1990 7:40 P.1				
4. SOCIAL SECURITY NUMBER						7 DATE OF BIRTH 6 BIRTHPLACE (State or Foreign				
218-72-7741 1 □ M 2 1 F 32 YRS. MONTHS DAYS HOURS MIN.						FEB. 18, 1958 MARYLAND				
9a. FACILITY NAME (If not institution, g	ive street and number)			OR LOCATION OF DE	EATN	9c. COUNT	TY OF OEATH			
4527 MAINFIE			BAL	TIMORE						
RESIDENCE OF DECEDENT		10c CITY	TOWN OR LOCA	TION			10d, INSIDE CITY			
MARYLAND		100, 017		IMORE			LIMITS?			
10e. STREET AND NUMBER				1. ZIP CODE		10g, CITIZI	EN OF WHAT COUNTRY?			
	T.D. ATTT									
4527 MAINFIE	12. WAS DECEDENT EVER IF	III C ADMED	12 WAS DE	21214 CENDENT OF HISPAI	NC ORIGIN? (Specif		S . A .			
1 Never Merried 2 Merried	FORCES? 1 YES	2 X X 10	If yes, s	pecify Cuban, Mexico	n, Puerto Rican, etc	-)	14. RACE — American Indian, Black, White, etc.			
3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	AIES	1 76	S #PIPNO Specifi	y:		SpecifyWHITE			
15. OECEDENT'S		16a. DECEDENT'S	USUAL OCCUPAT	ON	16b. KIND O	BUSINESS/INDU	ISTRY			
(Specify only highest (Elementary/Secondery (0-12)	College (1-4 or 5 +)	(Give kind of w life. Do NOT us	rork done during m e retired.)	ost of working						
NA	NA	HOME	EMAKER		OWN	HOME	V.			
17. FATHER'S NAME (First, Middle, Last	1)			18. MOTHER'S NA	ME (First, Middle, Mi	siden Surname)				
JOSEPH DeSI	MONE			CARMI	ELA TEN	ACE				
19e. INFORMANT'S NAME (Type/Print)				and Number or Rural						
JEFFREY JENN	INGS SR.	4527	7 MAIN	FIELD A	VE., BA	LTO.,	MD. 21214			
20a, METNOD OF DISPOSITION	200	PLACE OF DISPOS	SITION (Name of c	metery, crematory or			City or Town, State			
1 🔀 Buriel 2 🗆 Cremetion 3 🗆 4 🗆 Donation 5 🗆 Other (Specify)		HOLY	REDE	EMER CEI	METERY	BALTIM	ORE, MD.			
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	7	22. NAME /	ND ADDRESS OF FA	CILITY	HOMES	TNC			
1/1/2 2	1 Shink			BREHMS						
23. PART I. Enter the diseases,	or complications that cause	d the deeth. Do n								
	ure. List only one-cause on e		iot ontoi the m	oue or aying, auc	of an outdoor	oupmatory and	interval Between Onset and Death			
IMMEDIATE CAUSE (Final disease or condition	han	tie fr	1:011	40			Onset and Death			
resulting in deeth)	e. TO OR AS	A CONSEQUENCE OF	D:				- WIO.			
	- motris	tratic	Mal	ÎO.	Melay	nom	a 5mm			
Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF	F):	3	1000	10 1 1	- 0			
If any, leeding to immediate cause. Enter UNDERLYING										
CAUSE (Discesse or injury that initieted events	DUE TO (OR AS	A CONSEQUENCE OF	F):							
resulting in death) LAST	d.									
					Don't or H	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
PART ii. Other aignificant cond	sitiona contributing to death i	out not resulting	in the underlyi	ng cause given in		REFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
					1 U Y	ES 2 NO	DF DEATH?			
1 TYES 2 NO										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) OTHER:										
1 - YES 2 MNO	1 □ Inpatient 2 □ ER/Out	patient 3 DOA	4 - Nursing Ho	me 5 Neeldence	8 Other (Specif	y)				
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM		JURY AT	26d, DESCRIBE	NOW INJURY OCC	URED			
1 Netural 5 Pending M 1 YES 2 NO 2 Accident Investigation										
3 Suicide 8 Could no	3 Suicide 8 Could not ba 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. Could not ba									
4 Nomicide determined										
29e. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.										
One) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner se stated.										
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Morrith, Day, Your)										
1 (1CUUTO MD D28594 > 5/29/90										
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)										
RUTH KANTOR	, 03(55 N. C	HARLES	ST., B	ALTIMOR	E, MD.	21204			
31. DATE FILED (MONTH), Day, Year) 1 32. REGISTARTS SIGNATURE 1 100 Julian Dundson										

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Genevieve S. Johnson

1 -

2	age	direc	
	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page (-UNERAL DIRECTOR: After this certificate has been signed by the attending physiclan and completely filled in by the funeral direc	
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	s aft	2	ramo
	hour	ed in	0
	1 24	y fill	ation
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5	NON	R: Aft	of day
2	ATTE	CTO	490
DIVISION OF VITAL PENDAG, 1.0. DOX 1015,	OR	DIRE	-
	TAL	RAL	the state of the control with the Cente Dark of Health and Mental Horisons prior to hurial premation or removal
	40SP	UNE	Jah.

l		4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs. la	st birthday)	IF UNDER 1		IF UNDER		7. DATE OF BIF (Month, Day,	YTH Year)		RTHPLACE (State ountry)	
]		215-05-8585 1 D M 2 🕸 F		74	YRS.	MONTHS DAYS		HOURS	MIN.	(Month, Day, 6-6-1	915		Marylan		
should		9e. FACILITY NAME (If not in	treet end number)	et end number)			9b. CITY, TOWN OR LOCATION OF DEATH			9c.	9c. COUNTY OF OEATH				
2, 3 s		St. Agnes Hospital					Bal:	tim	ore	,Mar	yland				
	RECTOR	RESIDENCE OF DEC	10b. COUNTY	,		T son CIT	Y, TOWN OR	LOCAT	TION					10d, INSIDE	
hours after death. Page 6 may be retained by the hospital or attending physician. Nd in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages or removal. medical examiner must be notified at once.	□	Md.]	Baltimore	2		i, iowie on	LOUA	ION					LIMITS?	
E	A	10e. STREET AND NUMBER	ı					101	. ZIP COD	E		109	. CITIZEN C	F WHAT COUNTR	
ansit	FUNERAL	713 Ma:	iden C	hoice La	ne Apt	4312		\perp	21	228			US	A	
rsicial nal-tri	5	11. MARITAL STATUS 12. WAS DECEDENT			T EVER IN U.S. A	YER IN U.S. ARMED 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee YES 2 ANO If yes, specify Cuben, Maxicen, Puarto Ricen, etc.)						or No- 14. RACE - American Black, White, etc.			
death. Page 6 may be retained by the hospital or attending physician, funeral director, page 5 should be detached for use as the burial-tran examiner must be notified at once.	B⊀	1 Never Merried 2 3 Wildowed 4 Dive	MAR OR DATES	OR DATES 1 YES 2 NO Specify: Specify:							white				
atten se as	ED		CEDENT'S EDU		(6	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTRY							Y		
for u	国	Elementary/Secondary (0-12)	College (1-4 or 5				e retired.)							
ched	COMPL	12th gra				Cleri	cal					fice			
deta	8	17. FATHER'S NAME (First, A							18. MOT	HER'S NA	ME (First, Middle,	Malden Sumi			
व व व	BE			Spurrie						Anna	R				
5 should notified	10	Rita C.	Type/Print) Roche		1	63	7 S.	Street a	kham	Roa	d Balt	y or Town, Ste Limore	, Md	21229	
ay be		20e. METHOD OF DISPOSIT					SITION (Nam	e of cer	metery, cre	metory or		20c. LOCATION — City or Town, State			
ector, p		1 Buriel 2 Cremeti 4 Donetion 5 Othe		oval from State		New Cathyedral Cemetery Baltimore, M						e, Md.			
Page al diri		21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	0/	T	-		ND ADDRE		CILITY Hub			al Home	
death. Pag tuneral di examiner			0111	1-1		4W	A				410	7 Wil	kens,	Ave.	
after of the moval.		23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Appro													
hours afte led in by th , or remov medical	1	ahock, or heart fallure. List only one cause on each line.													
P. O		IMMEDIATE CAUSE (Final disease or condition													
within 24 f pletely fille cremation, rent, the		resulting in death) a. Oue TO (OR AS/A CONSEQUENCE OF):													
comp rial, c	- 1	- assuration energy at													
e be executed iiclan and con rior to burial, traumatic en	ō	Sequentially list conditions, If any, leading to immediate Due TO (OR AS A CONSEQUENCE OF)													
siclan	Ä	cause. Enter UNDERLYING													
certificate ding physi- lygiene pri r other to	Ĕ	CAUSE (Disease or Inj that initiated events	ury	OUE TO	OR AS A CONS	OUEHOE O	P):	-	- 000	X					
endin Hygi	CERTIFICATION	resulting in death) LAS	ST	d		V				0					
he death certificate be executed within the attending physician and completely. Mental Hygiene prior to burial, crematinjury, or other traumatic event, ti		PART II. Ottfår signific	ent condition	ns contributing &	death but not	resulting	by the und	ertvin	o cause	alven in	Part I. 24s.	WAS AN AUT	OPSV	24b. WERE AUTOP	
that the led by the th and Me any inju	MEDICAL	PART II. Ottfer significant conditions contributing to death but not resulting in the underlying cause given in Part I, 24a. WAll AN AUTOPSY ANILABLE COMPLETIO													
igned igned ealth				000	- oq q	1	11	_		7	and the	YES 2	S 2 NO OF BEATHY		
requires heen sign of Heal		1 VES 2													
law has to Dept	CIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
E at a E		EXAMINERS 2 NO		NOSPITAL:	☐ ER/Outpatient	a [∃ poa	OTHER	1000	0.000	CONTRACTOR	NEIGHT PROPERTY	ribit.			
SiCIA certif	PHYS	27. MANNER OF BEATH 286. DATE OF INJURY 286. TIME OF 286. INJURY AT 286. DESCRIBE HOW INJURY OCCURED													
NG PHYSI fter this c eath with marked,		1 Netural 5 Pending Month Of D 2017 M 1 YES 2 NO LAA CALATA													
SOURCE OF BUILTY At h							street, lacio	ry, offic	10	_	281. LOCATION	(Street and I	Number or Re	ural Route Number	
TTEN TOR: after	윤	Specify: Floridate determined City of Since, State City													
OR AI		29a, CERTIFIER	TIEVING BUYS	ICIAN: To the best of	of my knowledge	lasth some	rad of the fir		e and plac	a and du	to the enure(e)	and manner	as stated		
PITAL PRAL I	COMPLETE	(Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. (The control of													
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: After this certifica be filed within 72 hours after death with the St IMPORTANT: II Item 28 is marked, or It		296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (More								MED (Moren, Day)					
다 다 3 Mi	TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IZEM 27) (Type, Print).									M				
		JO. NAME VAND ADDRESS OF	TEHSON WI	COMPLETED CA	Log	LH 27 (Typ)	S, Print	4	A	W	1101	MA	DEA	CHRIST	
	8	31. DATE FILED (Month, De	(Near) Jul	S Despisor	AR'S SIGNATURE	1717			70		1101		VEL	7	
		MAY 3 0 199	JU J											4	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH

26

1990

May

90 14697

3. TIME OF DEATH

3:03 p

B. BIRTHPLACE (State or Foreign Country)

Märyland

9c. COUNTY OF DEATH 10d, INSIDE CITY LIMITS? 1 TYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: White USINESS/INDUSTRY fown, State, Zip Code) nore, Md. 21229 LOCATION — City or Town, State Baltimore, Md.

24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY

Approximata Interval Between

Onset and Death

1 YES 2 XNO

NV

묏

IMPORTANT

五二十二 28 BE

2

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILEQ (Month, Day, Year) 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Juha Dun dan - 1 19

	2, 3 sho	
	iges 1, 2	
	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
-Idil	transit p	
neculd fi	e burial	
disting.	ise as th	
Spires of	not be	
010	e detach	t once.
+ mous and beauti. Fage o may be retained by the Hospital of attending physician.	a pinous	ITANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once.
ay no re	page 5	pe no
age o m	director,	er mus
neanl. r	funeral	xamin
and diver	n by the removal	edical
24 HOR	y filled i	the m
EU WISH	complete	event,
ש מעברת	ian and i	sumatic
Unicate	g physic iene prio	ther tra
an ingan	attendir	ry, or c
DIAL LINE	d by the	my Inju
edniics	en signe of Health	hows a
MP au	e has be	т 23 в
CIAN.	certificat	, or ite
NG PHYS	fter this a	marked
AL LENDI	after de	28 is
HUSPITAL OR ALLENDING PRINCIPAL THE JAW requires that the used to unicate or executed within 24	AL DIRE 72 hours	If Hem
3	FUNER within	TANT

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH BUSTAV JUHLIN 9-22 M 90 6. AGE (In yrs. last birthday) A SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign nth, Day Your) DAYS 1 M 2 D F New York 18 073-16-0297 9c. COUNTY OF GEATH 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH MEDICALCTR LIBERTY BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10b. COUNTY 1 TYES 2 X NO Chesapeake 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 360 St. Augustine Road 21915 USA 11. MARITAL STATUS 14. RACE --- American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 ☐ YES 2 [X] NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. OECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Clerk ACF Industries 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Axle Juhlin Amelia Andersen BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Eric Juhlin 191 Harbor Drive, Claymont Delaware 20a. METHOO OF OISPOSITION
1 □ Burlal 2 🖔 Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Mt. Hope Cemetery New York 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue A 23. PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory strest, **Approximete** shock, or heert failure. List only one cause on each line. Interval Between Onset end Death IMMEDIATE CAUSE (Finel disease or condition OBSTRUCTIVE PULMONAR CHRINIC resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY AVAILABLE PRIOR TO 0 PLESIA COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:

1 Alignment 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER

(Chack and CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated.

29d. OATE SIGNED (Month, Day, Year)

BALTIMORE, MARYLAND 21203-3146

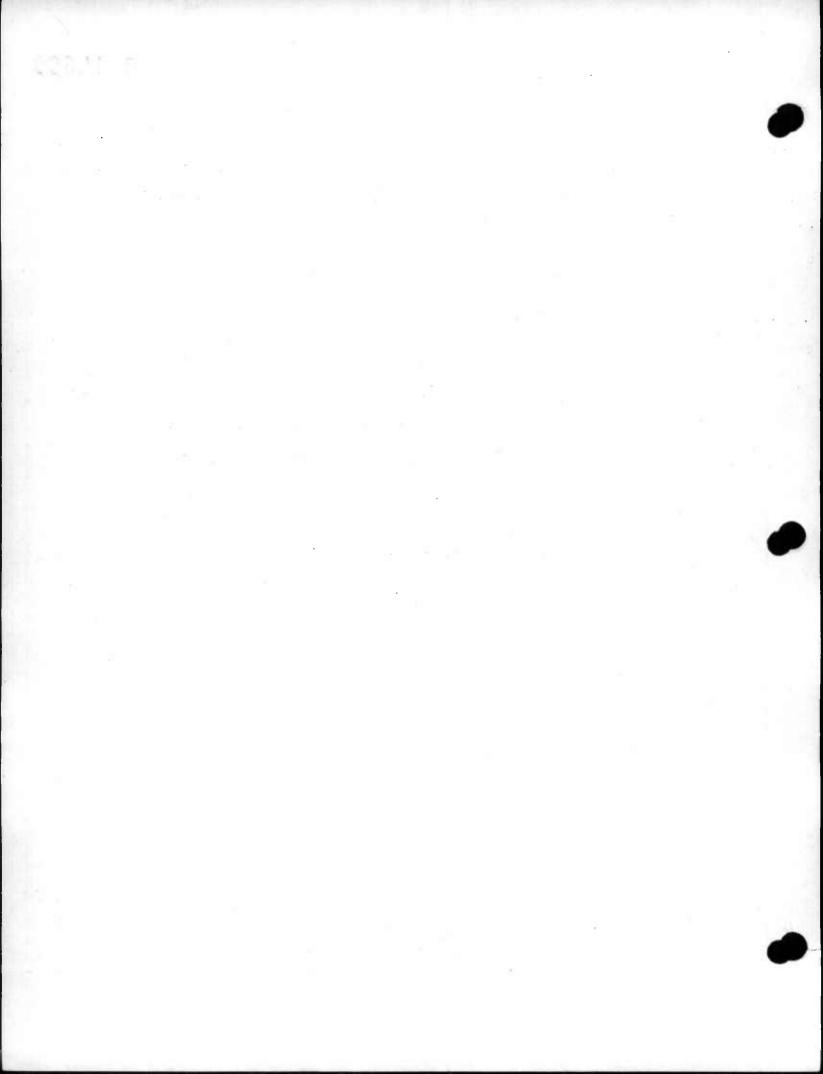
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. N	0.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	WILLIAM	E .	J	OHNSO	V	May 28,	1990 YE	AR 400 D M		
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	219-22-3656	XX M 2 □ F	60 YRS.	MONTHS DAY	78 HOURS MIN.	(Month, Day, Year) Aug. 31,	1929 N	· Carolina		
OR	99. FACILITY NAME (If not Institution, give s Franklin Square	,			VN OR LOCATION OF DI VI11e	EATH	9c. COUNTY Balti	of DEATH More County		
5	RESIDENCE OF DECEDENT									
DIRECTOR	Maryland Balt:	r imore Coun		y, town on lo WSON	CATION		10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
7	10e. STREET AND NUMBER	IMOI O OOUI			101. ZIP CODE		10g. CITIZEN	OF WNAT COUNTRY?		
FUNERAL	8521 Loch Raver				21204		U.S	.A.		
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EYER FORCES? 17 TYPES	IN U.S. ARMED		DECENDENT OF NISPAI		faa or No- 14.	RACE — American Indian, Black, White, etc.		
BY	3 Wildowed 4 Divorced	FORCES? TOTAYES IF YES, GIVE WAR OR KOrea	DATES		YES 2 XNO Specif			Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		18e. DECEDENT'S	USUAL OCCUP	ATION	18b. KIND OF I	USINESS/INDUST	RY		
ш	Elementary/Secondery (0-12)	Coffege (1-4 or 5+)	life. Do NOT u	work done during se retired.)	most of working					
4	12 Years 3	Years	Morti	cian		Funer	al Hom	٩		
8	17. FATHER'S NAME (First, Middle, Last)	TOULD	110101	01011	IS, MOTHER'S NA	ME (First, Middle, Malo				
BE C	Jesse		Johnso	n	Mary			Garrison		
	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Str	eet and Number or Rural	Route Number, City or 1	own, State, Zip Coo	io)		
2	Evelyn H. Jo	hnson	8521	Loch	Raven B	lvd. Tow	son, M	D 21204		
	20a. METHOD OF DISPOSITION	2	9b. PLACE OF DISPO		f cemetery, crematory or		LOCATION — City			
	1 NBuriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)		other place)	Valle	v Mem. G	ar. Co	ckevsv	ille, MD		
1	d Donation 5 Other (Specify) Dulaney Valley Mem. Gar. Cockeysville, MD 21. Signature of Funeral Service Licensee 22. Name and address of Facility									
1	Frelyn	94. On	Lower	Wi1	liam E.	Johnson	P.A. F	uneral Home on,MD21204		
	23. PART I. Enter the disesses, or	complications that caus	ed the death. Do							
	ahock, or heart fellure. iMMEDIATE CAUSE (Finel	List only one cause on	each line.					Interval Between Onset and Death		
	resulting in death) a. CAR DID PULM CHARY ARRET DUE TO (OR AS A CONSCOURAGE OF): 30 Maintage									
NO	disease or condition resulting in death) a. CARDID - PULIMONARY ARREST DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):									
CATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury									
CERTIFICATION	CAUSE: (Disease or Injury that initiated events resulting in death) LAST									
8		d								
4	PART il. Other aignificant condition	na contributing to deeth	but not resulting	in the under	iying cause given in	Part i. 24a. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
MEDICAL							2 NO	COMPLETION OF CAUSE OF DEATN?		
							7	1 YES 2 NO		
=										
A	25. WAS CASE REFERRED TO MEDICAL			2	8. PLACE OF DEATH (C)	neck paly opel				
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:						
175	27. MANNER OF DEATH	280. DATE OF INJUR			Home 5 Residence	, , , , , , , , , , , , , , , , , , , ,	1/ M1 N1PM 0.001PM	50		
	1 Natural 5 Pending	(Month, Day, Year		JURY	WORK?	28d. DESCRIBE HO	W INJUHY OCCUM	EU		
BY	2 Accident Investigation 3 Suicide S Could not be	28e. PLACE OF INJU	RY — At home, farm.			281, LOCATION (Stre	et and Number or I	Sural Route Number		
COMPLETED	3 Suicide S Could not be 4 Nomicide determined	building, etc. (Sp	pecify)			City or Town, St.	ite)	,		
۳	290. CERTIFIER 1 CERTIFYING PNYS	ICIAN: To the best of my kno	meladaa daeth occur	red at the lime	date and place, and du	to the cause(s) and	nonner se stated			
DMP	anal /							euse(e) end menner as stated.		
	29b_SIGNATURE AND TITLE/OF CERTURE				29c. LICENSE NU			GNED (Month, Day, Year)		
BE			2)		彦 D へ	5917	DATE ST	- 79_ 9A		
2	30 NAME AND ADDRESS OF DEDRON WIL	COMPLETE	USAN STEM OF C	n Deine)	15 00	3 / 1 /	1,0-	21-10		
	30. NAME AND ADDRESS OF PERSON WITH BERWAND S. KA	Charles The	M.D. 10,	16. RET	PROFES.	4107 B	ACTO	MD 21201		
i	31. DATE FILED (Monte, Day 16ar)	32. REGISTRAR'S SIG	GNATURE							
- 1	1334 77	1						,		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 fours after death. Page 6 may be retained by the thospital or attending physician.

TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_		_											
1	1. DECEDENT'S NAME (First,	11 2 13	NE	J	UDG	٤				2. DATE OF DEATH MONTH DAY 8		47	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	70.1	5. SEX		yrs. last birthday	MONTHS	ER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/2/01		6. BIRT Coun	HPLACE (State or Foreign try)
Ì	9a. FACILITY NAME (If not ins	NO.		88		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						DEATH	
5	BON SECOURS	HOSPI				BALTIMORE							
5	RESIDENCE OF DEC	10b. COUNTY			100.0	ITY, TOWN	1001004	TION					10d. INSIDE CITY
DINECTOR	MD.						MORE	arion					1 YES 2 NO
1	10e, STREET AND NUMBER				10f. ZIP CODE						10g. CIT	IZEN DF	WHAT COUNTRY?
LONGLAN	1217 W. FAY	ETTE S	T.								U	.S.A	١.
5	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1							or No-	14. RAC Blac	E — American Indien, ck, White, atc.	
	1 Never Married 2 1 1 3 Widowed 4 Divor		IF YES, GIVE W					8 2 ND				Spe	offy:
	15 DECE	EDENT'S EDUCA	TION	1	6a. DECEDENT	IAII211 2"	OCCUPAT	ION		16b. KIND OF BUS	INFEC/IN		ITE
	(Specify only	highest grade co	ompleted)			of work don	e during m	ost of working	ng	IOE. KIND OF BOO	M4E33/114	DOGINI	
	Elementary/Secondary (0-	-12)	College (1-4 or 5	+)									
COMPLE	17. FATHER'S NAME (First, Mic	ddle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maiden	Surneme)		
פר					18. MOTHER'S NAME (First, Middle, Maiden Surneme								
	19e. INFORMANT'S NAME (Ty	rpe/Print)			19b. MAILI	NG ADDRE	SS (Street	end Numbe	r or Rural I	Route Number, City or Town	n, State, Zi	p Code)	
-	ELIZABETH E	BYRNES	(siste	r)	290	9 Ros	salie	e Ave	., H	amilton St	atio	n, N	id. 21214
	ELIZABETH BYRNES (sister) 2909 Rosalie Ave., Hamilton Station, Md. 21214 20e. METHOD OF DISPOSITION 1 Burlet 2 Cremetter 3 Removal from State other (Specify) In-state removal 20b. PLACE OF DISPOSITION (Name of cemeter), cremetery or other place) 20c. LOCATION - City or Town, State other place) 20c. LOCATION - City or Town, State												
	21. SIGNATURE OF FUNETIAL				22. NAME AND ADDRESS OF FACILITY								
	Som	ald-	1 och	u	5-24	20	STATI	E ANA	TOMY	BOARD, BA	LTO.	, MI	21201
	23. PART I. Enter the dis		emplications the			not ent	ar tha m	ode of dy	ing, auc	h as cardiac or reapi	ratory a	rrest,	Approximete interval Between
	IMMEDIATE CAUSE (Fin							. ()		, A 11.	12		Onset and Death
	disease or condition	→	15/k	Mel	umi	MIT	15	2	me	this cille	- Ke	sust	zul)
			DUE to	(OR AS A C	ONSEQUENCE	OF):			Site	MA B	nou		
5	Sequentially list condition	ons. b.	(mg	Polm	2 B	ear	1 3	Port	An	J. 1 100	0.00		
	If any, leading to immed cause. Enter UNDERLYII	diete	DIE 10	L L	ONSEQUENCE	2001	4.	La Ca	SIN	2 Dago.	· Do	V	
HILICALION	CAUSE (Disease or Injur		BUENTO	IDR AS A C	ONSEQUENCE	OF:	Mus	V	200	in our per	100	m	-
	that initiated events resulting in death) LAS	r .	QU	X	01000	AM 600	LO OU	Our	A	-ca'dent	-		
3	DART II Other significa	d.		death but	W.W.	- 1- 1-			10		44.000.000	L	
DICAL	PART II. Other significan	IA 4 /	As O	XO a	Las de	NA an	undertys	ng cause	given in	Part I. 24s. WAS AN PERFOR	MEDT	24	2. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
בַּ בַּ		VV	MARCHAN	1	10000	ONTO	_			T TYES 2	NO		OF DEATHT
3		-/0	young	<u></u>	11	~~	A	_					1 NES 2 NO
SIN	25. WAS CASE REFERRED TO	n serpical T	ceral	ME	ugn	arn		N ACE OF	NE ATTACACTO	ech only one)		_	
2	EXAMINER?	J MILLIONE	MOSPITAL:		U.V	ОТН	ER: U			Company Company Company			
E L	27, MANNER OF DEATH		28a, DATE OF			IME OF	_	GURY AT	weldence	6 ☐ Other (Specify) 28d. DESCRIBE HOW I	MJURY O	CCURED	
10		Pending Investigation	(Nonth, I	Day Weer)		M MUDRY	W	YES 2	_ NO	AERCHAROUTHE 0.000			
	3 Duicide &	Could not be determined	28e. PLACE (building.	OF INJURY - , etc. (Specify	- At home, fam	n, Mreet, 1	actory, off	ice		281, LOCATION (Street of City or Town, Street)		or or Flura	Flourie Mumber;
4	290. CERTIFIER										_	_	
Homicide 1 Could not be determined 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 3 CERTIFIER (Check only one) 4 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) end manner as stated.										(a) end manner as stated.			
	29b. SIGNATURE AND TITLE		/ 1		1011	-	1						
29d. SIGNATURE AND TITLE OF CENTURE (Month) (Month) (Day 1997)										19190			
-	SELLN ARD	PERSON WHO	COMPLETED CAL	SE OF DEAT	H (ITEM 27) (7	M Pring	-	200		N. BIE.	Fine	We	St Md. 2122
	31. DATE FILED (MOITH, Day,	1990	32. REGISTR	AR'S SIGNAT	TURE			- V V I		1210			
			Ann - 200 (00)	A STATE OF THE PARTY OF THE PAR	A Long Star								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	FOR STATE REGISTRAR	SIATE OF	MARYLAND / DEPAR Certif				MENIA	REG. NO.	:		
i	1. DECEDENT'S NAME (First, Middle, Las	t)	OLITTI.	IOAIL		DEATH		E OF DEATH		3.	TIME OF DEATH
	ARTHUR C	JONES					MONT	AY 2		990 C	03 12 /4 m
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthdey)	IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTHPL	ACE (State or Foreign
ì	218-16-1929	1 📉 M 2 🗌 F	-88 68 yrs.	MONTHS	DAYS	HOURS MIN.		th, Day, Year)		Country) MARYLAND	
1	9a. FACILITY NAME (If not institution, give	street and number)	/ /	9b. CITY	, TOWN O	R LOCATION OF		3/22	9c. Çejili	NTY OF DEAT	TH
8	57. JOSEP/7	12051	itAL	1	OV	Kon			pr.	ALTI,	MORE
5	RESIDENCE OF DECEDENT									, T.,	
DIRECTOR		NTY		TIMO						-	d, INSIDE CITY LIMITS?
	MD .		DAL	111110		ZIP CODE			10- 017		T COUNTRY?
FUNERAL					101.						COUNTRY
y I	127 DUMBARTON		YT EVER IN U.S. ARMED	140	WDC 050	21212	ANIC OBIO	IN? (Specify Yes		S.A.	American Indian
	1 Never Married 2 Married	FORCES?	YES 2 NO		If yes, spe	cify Cuban, Maxi	can, Puarlo		or No-		- American Indian, Vhita, etc.
ĕ	3 Wildowed 4 Divorced	WORLD W	MAR OR DATES		1 YES	2 NO Spec	city:			Specify: WHI	TE
	15. OECEOENT'S E	OUCATION	16a, DECEDENT'S	USUAL O	CCUPATIO	N	18	b. KIND OF BUS	INESS/ING	DUSTRY	
E	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5	(Give kind of life. Do NOT u	work done se retired.)	during mo	it of working					
릴	12 vrs.	4 yrs.		ICE I	PRES	IDENT		ADVE	RTIS	ING	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First,	, Middle, Maiden S	Surnama)		N
BEC	ARTHUR CARROL	L JONES S	R.			CHRIS'	TINE	NAYLOR			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	G ADDRES	S (Street a	nd Number or Run	el Route Nur	mber, City or Town	, State, Zip	Code)	
F	ELIZABETH M. JO	NES (spo	use) 127	DUMB	ARTO	N RD.,	BALTC)., MD.	212	12	- 1-1
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R	amoval from State	20b. PLACE OF DISPO	SITION (N	ame of cen	netery, crematory o	r	20c. LOC	ATION -	City or Town	, Stata
į	4 🖰 Donation 5 🗆 Other (Specify) _		Trinoving I								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	STATE ANATOMY BOARD, BALTO., MD. 21201										
	23. PART I. Enter the diseases, o	or complications th	st caused the death. Do								Approximate
Į	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Fine) interval Between Onset and Death										
	IMMEDIATE CAUSE (FIRE)										
	resulting in death) a. SEPSIS DUE TO (OR AS A CONSEQUENCE OF):									137	
2	B Lobe anumenia									0475	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUET	(OR AS A CONSEQUENCE O	OF):							
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c.									
	that initiated events	DUE T	O (OR AS A CONSEQUENCE (OF):							
ER	resulting in death) LAST	_ d									
	PART ii. Other algnificant condit	ions contributing t	o death but not resulting	in the u	nderlyin	cause given	in Part i.	24a. WAS AN			VERE AUTOPSY FINDINGS
CAL	Mohnstriti	3						PERFOR		C	MAILABLE PRIOR TO COMPLETION OF CAUSE
	Anumio							1 1 123 2	Zino		F DEATH?
Σ	// // // // // // // // // // // // //										g g
¥	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF OEATH	Check only	one)			
Sic	EXAMINER? 1 YES 2 10 10	HOSPITAL:	☐ ER/Outpetient 3 ☐ DOA	OTHE 4 Nu		e 5 🗆 Residenc	e a 🗆 Ot	her (Specify)			
PHYSICIAN: MED	27. MANNER OF DEATH	26a. DATE (28c. IN.		28d. D	ESCRIBE HOW II	NJURY O	CCURED	
	1 Natural 5 Pending		Day, rear)	IJURY M		YES 2 NO					
) BY	2 Accident Investigate 3 Suicide 6 Could not	28e. PLACE	OF INJURY — At home, farm, a, etc. (Specify)	, street, fac	story, offic	•	28f. LC	OCATION (Street a	nd Numbe	or Rural Ros	ute Number,
TED	4 Homicide determined		g, with (Specify)				"	ny or lown, state)			
1	29a. CERTIFIER 1 CERTIFYING PH	IYSICIAN: To the best	of my knowledge, death occur	rred at the	time, data	and place, and o	tue to the d	cause(a) and man	ner as st	ated.	
COMPLET	(Check only		examination and/or investigat								and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTI	FIER				29c. LICENSE I	VUMBER		29rl DA	TE SIGNED /	Month, Day, Year)
B	PTG	U, Q	ut PITY	si ci	NV	29c. LICENSE 1	7.8				3 90
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	100 OF OCATIL STEM OF ST	0.1.0							
	PASCAL J.	40LDSCH	MIDT, MD	5	nis	5 5	ا تعر ٥	CH H	050	ITAL	-
	31. DATE FILED (Month, Day, Year)		RAR'S SIGNATURE								
	MAY 30 K	190 4	Trick Bulle								
_	- 01	11	The state of the s								DHMH.16 Rev 1/80

1.34

ector, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should

resulting in deeth) LAST

4 Homicide

1 -

DIRECTOR

FUNERAL

8

COMPLETED

BE

2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-tran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
--	--

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

												91	0	147	02
FOR STATE REGISTRAR	STATE OF I	MARYL			TMENT (YGIEN EG. NO.					
1. DECEDENT'S NAME (First, Middle, La	st)			2. DATE OF OEATH							3. TIM	E OF DEATH			
KAMINET	SKY	KA	TIE KATIE KAMINETSKY				SKY	month DAY 1990				130A	М		
4. SOCIAL SECURITY NUMBER	5. 9EX	6. AGE (In yrs. last	yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HR					7. DATE OF STATH 6. BIRTHPL (Month, Day, Year) Country)					(State or Foreig	gn
212-09-9452	1 🗆 M 🕹 💢 🖫		88	YAS.	MONTHS D	MYS	HOURS	MIN.	8-14-			Coom		SIA	
9a, FACILITY NAME (If not institution, given	ve street and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF							INTY OF D	EATH			
SINAT HOSPITA				BALTO											
10a. STATE 10b. COU		10c. CIT	Y, TOWN OR	LOCAT	ION						10d. II	NSIDE CITY			
MD		В	ALTO								XXX	HMITS? YES 2 NO	0		
100. STREET AND NUMBER 2500 W. BELVEDERE AVE., A				408		101	. ZIP CODI	212	215		10g. CIT	US US		OUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	U.S.ARI 2 AAA						white								
15. DECEOENT'S E (Specify only highest gr			18a. DE	CEDENT'S	USUAL OCC	JPATIC	ON at of workin	a	16b. KIN	O OF BU	SINESS/IN	OUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5	+)	life.	ite. Do NOT use retired.) HOUSEWIFE					A.	L HO	Æ				
17. FATHER'S NAME (First, Middle, Last) DAVID WEINS								UNKN	ME (First, Middle JOWN	, Maiden	Sumame)				
190. INFORMATION RAPITAL	ETZ								ROUTE NUMBER, C				133	}	
20s METHOD OF OISPOSITION 1 A Barrial 2 Cremation 3 R 4 Donation 5 Other (Specify)	lemoval from State	20b	PLACE (of dispos	SITION (Name BENE	of cer	netery, crem	SOC]	IETY		CATION — EDALI			rte	
21, SIGNOTURE OF FUNERAL SERVICE	LICENSEE	wiv	3 _			SC		EVINS	CIUTY SON & E POWN RE				212	215	
23. PART Letter the diseases, shook, or heart fellu														Approximate interval Bet Onset and I	ween
disease or condition resulting in deeth)	GAN	IGR	EN	101	15	I	nTE	ST	INES				ļ	1 D	AY
resourcing in descrip	DUE TO	OR AS	CONSEC	DUENCE O	F):				TIES				1	1 D	Ay
Sequentially list conditione, if any, leading to immediate	DUE TO	(OR AS A	CONSEC	QUENCE O	F):				1763	>			+	1 2	~
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events		O (OR AS A		DUENCE O			ou) =) +a+	2			+	1 1/1	71

				1 UYES 2 00	COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
	SPITAL: Inpatient 2 - ER/Outpatient 3	OTHE 4 Nu	26. PLACE OF DEATH (C/ R: rsing Homa 5 - Residence		
BZ MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	288-DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUR	ιΕο
3 Suicide 6 Could not be	28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, farm, street, fac	tory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,

29a, CERTIFIER (Check only one)

PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY

MEDICAL EXAMINER: On the basis of examineti TE SIGNED (Month, Day, Year) 05/28/90

PRO SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. OAT
		_

D. NAME ANO	ADORESS OF PERS	ON WHO COMPLETED CAL	USE OF DEATH (ITEM 27) (Type, Print)	7/2	
5:	a= 40	lations	Baltimana	Man	1000

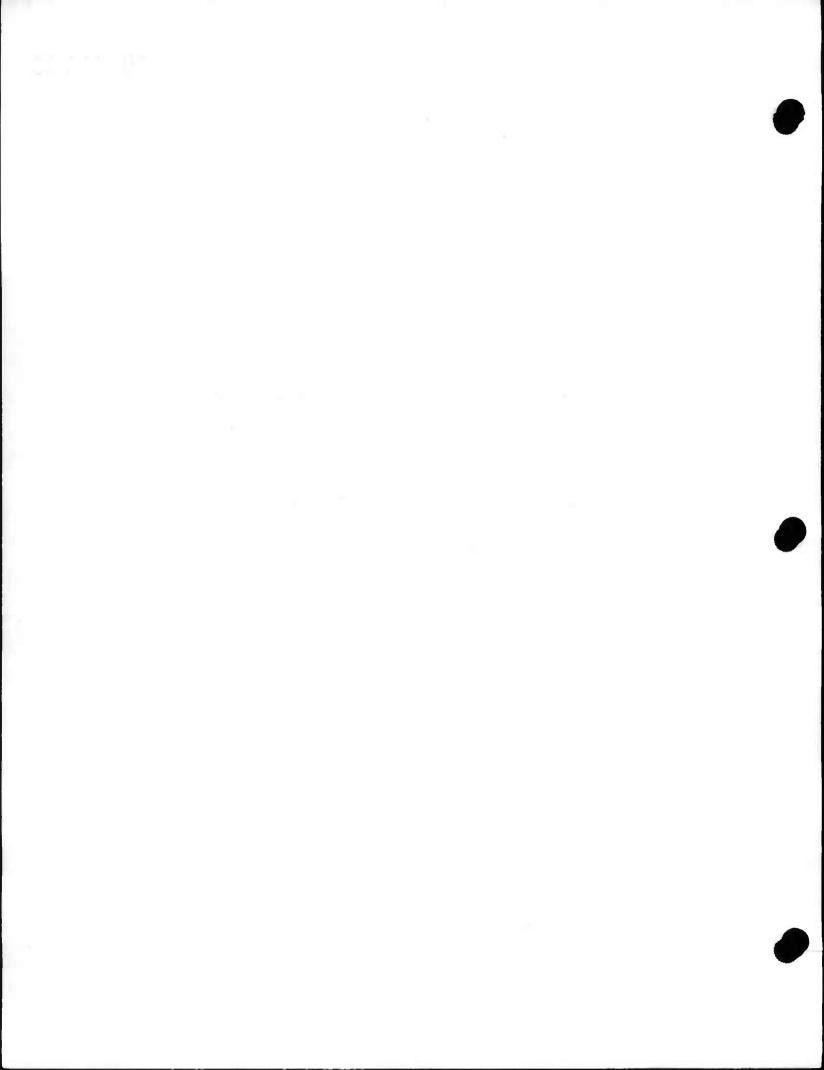
BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: It item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
REGISTRAR	CERTIFICATE OF DEATH	REG. NO

	1 - STATE REGISTRAR	SIAIE OF MA			ICATE (MENTA	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	^						2. DATE	OF DEATH			3. TIME OF DEA	тн
	Klam rev.	Kose	ROSE	KL	AMNER			MONT 5	m 6		90	840	AM
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest t	birthday)	IF UNDER 1 YE		R 24 HRS.		OF BIRTH		8. BIRTHE	PLACE (State or F	oreign
	215-58-3541	1 M 2 XX	81	YRS.	MONTHS DA	YS HOURS	MIN.		h, Day, Year) 1–1909	1	Country	DELAW	ARE
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCAT	ION OF DE			9c. COU	INTY OF DE		
۳ ا	UNIVERSITY OF M	1D HOSPITAL			BA	LTIMOR	E						- 1
DIRECTOR	RESIDENCE OF DECEDENT	- 11001 11111				3111010							
2	10s. STATE 10b. COUN	ſΥ		10c. CIT	Y, TOWN OR L	DCATION						10d. INSIDE CIT	٧
	MD				BALTO							1 XXES 2	ND
¥	104. STREET AND NUMBER					101. ZIP CO				10g. CIT	IZEN DF W	HAT COUNTRY?	1
FUNERAL	3415 CLARKS	LA, APT. A	-1				212	15				USA	
2	11. MARITAL STATUS 1 Never Married 2 XX Married	12. WAS DECEDENT E FDRCES? 1	VER IN U.S. ARM	ED		DECENDENT s, specify Cub			N? (Specify Yes Rican, etc.)	or No-	14. RACE Black,	 American Indi White, etc. 	len,
B	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 🗆	YES 2XXNO	Specify Specify	y:			Specifi	WHITE	. 1
	15. OECEOENT'S EO	UCATION	16a DEC	FDENT'S	USUAL OCCU	PATION		16/	b. KIND OF BUS	SINESS/INI	DUSTRY	AALITTE	<u> </u>
	(Specify only highest grad	de completed)	(Give	kind of	work done during retired.)	g most of work	dng	100	B. KIND OF BOX	JINESSTIN	DOSTRI		- 1
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)		1	HOUSEW	TEE			7/1	T HO	ME		- 1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						THER'S NA	ME (First,	Middle, Maiden		10		\neg
	SAMUEL WA	ALNER					ANNTI	E BU	CKMAN				
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (St				ber, City or Tow	n. State, Zi	ip Code)		
임	LOUIS H. KLAMN	JER		34	15 CLAI	RKS LA	, AP	г. А	-1 BAL	10 . OT	MD 21	215	- 1
	20s. METHOD OF DISPOSITION	· · · -	20b. PLACE O	F DISPO					_		City or Tov		
	1 XXuriel 2 Cremetion 3 Red 4 Donation 5 Other (Specify)	moval from State	other plac	×e)	BET	H EL M	EMOR:	ΤΑΓ.	PARK	RAI	VDALL.	STOWN,	MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AN						ESS OF FA	CILITY					
	SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215												
	23. PART I/ Enter the diseases, or	complications that c	aused the dea	th. Do								Approxim	
	shock, or haart fallure		on each line.				- 25					Interval E	Setween
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metristate Melana 3/24/8										i the		
	resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):								1 -12	412			
-	ove to found a consequence of j.												
5	Sequentially list conditions, If any, leading to immediate	DUE TO (Of	R AS A CONSEQU	JENCE C	F):								
CA	cause. Entar UNDERLYING CAUSE (Disease or Injury	с											
=	that initiated events	DUE TO (OI	R AS A CONSEDU	UENCE C	F):								
CERTIFICATION	reaulting in death) LAST	d											
	PART II. Other aignificant condition	ons contributing to dr	eth but not re	sulting	In the under	riving cause	given in	Part I.	24a. WAS AN	AUTOPSY	246.	WERE AUTOPSY	FINDINGS
EDICAL	None								PERFOI			AVAILABLE PRIOR	
									T TES	NU		OF DEATH?	NO.
Σ												1 YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF	DEATH (C)	neck only o	one)				
PHYSICIAN: M	EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpetient 3 [DOA	OTHER:	Home 5 🗆 1	Residence	6 Oth	er (Specify)				
Η	27. MANNER OF DEATH	28a. DATE OF IN	JURY	28b. TII	AE OF 28	c. INJURY AT			SCRIBE HOW	INJURY O	CCURED		$\neg \neg$
	Natural 5 Pending	(Month, Day,	10ar)	IN	JURY M 1	WORK?	☐ ND						
ВУ	2 Accident Investigation 3 Suicide 6 Could not b	28a. PLACE OF I	NJURY — At hor	ne, ferm,	street, factory.	office			CATION (Street		er or Rural R	Route Number,	-
TEC	4 Homicide detarmined	building, etc	c. (Specify)					UR.	y or Town, State,	,			
E	29a. CERTIFIER CERTIFYING PHY	SICIAN: To the best of m	v knowledge, des	th occur	red at the time	data and plac	ce, and du	to the c	euse(s) and ma	nner aa st	ated.		
COMPLETED	one)	NER: On the basis of exar) and manner as	stated.
	29b. SIGNATURE AND TITLE DE CERTIF						CENSE NU					(Month, Day, Year	
B	(las O R.	a tra	0			10 2	298	1	7	•	-1	1/5	
2	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE	OF DEATH (ITEM	27) (Typ	e, Print)	11/3	2 (0	1 (/ 0		3/2	10/11)
	Unv. 81 A	Variate.	1 7)	5	(5VO	220	SI	L K.	1/2	10	517	01
	31. DATE FILED (MOOTH, DIVERNO)	32. REGISTRAR	S SIGNATURE			0,6	UK	-01	170	1,000	UV C	210	-
	< MAY 3 V 4000) Wet Anie	Anna Mand	200									- 1



NDING PH	be filed within 72 hours after death with the State uspt. or heatrn and wental hygiene prior to durar, cremation, or terrivora. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	ZINOMY DD	1			2. DATE OF DEATH DAY		3. TIME OF DEATH 11:25 a M		
	RAYMOND WALTER K 4. SOCIAL SECURITY NUMBER 219-18-6611			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Vear) 3-3-192	Cou	THPLACE (State or Foreign ntry) aryland		
TOR	9a. FACILITY NAME (If not institution, give at		91	Baltim	wn or location of Death sc. county of Death timore					
DIRECTOR	10a. STATE 10b. COUNTY		19c. CITY, T	own on Locati	ON C			10d. INSIDE CITY LIMITS? X 1 VES 2 NO		
FUNERAL	100. STREET AND NUMBER 2934 Baltimore	Ave.		101.	ZIP CODE 21227		10g. CITIZEN OF USA	WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR DR DA	2 NO	if yes, spe		NC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Ble	CE — American Indian, lok, White, etc. acify: Ite		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)					16b. KIND OF BUS		Ca		
COMP	4th grade 17. FATHER'S NAME (First, Middle, Last) John Kinstl	er	Mechan	nic	18. MOTHER'S NA Anna	ME (First, Middle, Meiden : belle Sipe	wan and Sumame) S			
TO BE	19a. INFORMANT'S NAME (Type/Print) Jay Kinstler		196. MAILING AD 4720 Wa	oness (Street at ashingt	on Ave.	Number, City or Yow Shady Side	, State, Zip Code) , Md . 2	0764		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify)									
	21, SIGNATURE OF FUNDMAL SERVICE LIC	ENSEE 7	H					7 Wilkens Ave		
CERTIFICATION	23. PART i. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. POV ² /4/2 DUE TO (DR AS A DUE TO (OR AS A C. STATE	ech line. Le Myo CONSEQUENCE OF):	Cars	and c	Anfonh Forlis	rn	Approximate Interval Between Onset and Death		
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	is contributing to death b	out not resulting in	the underlying	cause given in	Part i. 24a. WAS AN PERFOR	MED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 1 NO	MOSPITAL:		THER:	ACE OF DEATH (Ch	eck only one) 6 Other (Specify)				
ву РНҮ	27. MANNER OF DEATH 1 PArtural 5 Pending Investigation	28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME (OF 28c. INJ	JRY AT	28d. DESCRIBE HOW II	NURY OCCURED			
	3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, structly)	et, factory, office	•	281. LOCATION (Street a City or Town, State)	ind Number or Run	al Route Number,		
COMPLETED	contact only	ICIAN: To the best of my know ER: On the basis of examination						e(s) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	the			29c. LICENSE NUI D 235		≥ 5	ED (Month, Day, Year) -/29/90		
	30. NAME AND ADDRESS OF PERSON WHID COMPLETED CAUSE OF DE MOLITEM 27) (Type, Print) 3927 Annaport Is Road Chatteries 31. Date FileD (Month College) 32. REGISTRAR'S SIGNATURE									
	"HAY 30 1330 0									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFALL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled at the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be properly in the page 1, 2, 3 should be properly at the page 2, and 2 shows any injury, or other travmatic event, the medical examiner must be notified at once.

j.	FOR 1 - STATE REGISTRAR	STATE OF MA			RTMENT				MENTA	AL HYGIEN REG. NO.	E	90	14705
	DECEDENT'S NAME (First, Middle, Last)	ANN]		NDA			DEA		2, DAT MON	E OF DEATH	26	VEAR	TIME OF DEATH 1:30 A M
	4. SOCIAL SECURITY NUMBER 215-36-8517 9a. FACILITY NAME (If not institution, give st	1 💢 M 2 🗆 F	AGE (In yrs. las	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	(Mor	E OF BIRTH 1th, Day, Year) 4-27-3	7	Country)	ARYLAND
POR	St. Agnes Ho						timo		281111		9C. COUN	IT OF DEAT	n
DIRECTOR	100. STATE 10b. COUNTY MARYLAND BALT	IMORE			ry, town o		ION			_		- 1	d. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	10e. STREET AND NUMBER 1221 NORTH AVE	BALT	MORE,	MD			122°				1272	S.A.	T COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 XI	MED	13. 1	f yes, sp		n, Mexica	n, Puerto	IN? (Specify Yea o Rican, etc.)	or No-	Black, W Specify:	American Indian, hita, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th GRADE	CATION completed) College (1-4 or 5+)	(G	ive kind of Do NOT u	work done of retired.)	turing mo		ng	16	BEAU!			
COM	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	ME (First	, Middle, Maiden			
BE (19s. INFORMANT'S NAME (Type/Print)	HENRY S	SCHAUB	- MARIAN	O ADDRESS	/Street a	ad Mumba	LEI		(UNKN		Code	
2	EDWARD KENDAI	L								IMORE,			227
	20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE other pl	OF DISPO	SITION (Na	me of cer	netery, crer	natory or			CATION — C	ity or Town,	State
	21, SIGNATURE OF FUNERAL SERVICE LIKE	tet)	7.		22.	HAME A	ard Wi	ss of fa Fun Lken	oury eral s Av	Home Te. Bal	to. M	d. 21	229
	23. PÁRT I. Enter the diseses, or o shock, or heert failure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death)		on each line			the mo	de of dy	ing, a∪c	h es ca	irdiac or resp	iratory erre	est,	Approximete interval Between Onset and Death
NO	Sequentially list conditions,	conon	OM CONSE	nter	y de	sea	se						
FICATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	diabe	Fes		OFI:								
CERTIFICATION	that initiated events resulting in death) LAST	d. high	6/00	& p	ones	Sun	е.						
PHYSICIAN: MEDICAL	PART ii. Other significant condition	a contributing to d	eath but not	resuiting	in the un	derlyin	g ceuse	given in	Part I.	24a. WAS AN PERFOI 1 TYES	RMED?	AV CC OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	EB40-standing (OTHER	R:	ACE OF C						
	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF IN (Month, Day,	JURY	28b, TI	1	28c. IN.	URY AT PRICE 2 [her (Specify) ESCRIBE HOW	INJURY OCC	UREO	
тер ву	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At he c. (Specify)	ome, farm,	street, fact	tory, offic	•		261. LG	OCATION (Street ity or Town, State,	and Number)	or Rural Rout	le Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINE												nd manner ee stated.
TO BE	296. SHATURE AND TITLE OF CENTURE OWN EMCE	Kay 1	ND					ENSE NU		9			onth, Day, Year)
-	Lawrence	Kay M.D.	3642		fmar	Roa	d R	anda	11st	own, M	d.		
	MAY 31. DATE FILED (MODE) GON YOUR)	JA JOS MEGISTRAR	'S SIGNATURE										

1 -

FUNERAL DIRECTOR

ВY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

B

COMPLETED

TO BE

2 Accident

4 Homicide

8 Could not be

3 Suicide

be notified at once.

must

examiner

FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. the medical HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic event, Injury, or other shows any item 23 TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the 9 IMPORTANT: If Item 28 is marked, or

													91	J	Ţ	100
FOR STATE REGISTRAR		STATE OF N	IARYLA				NT OF H				YGIENI EG. NO.	E				
1. DECEDENT'S NAME (First	, Middle, Last)									2. DATE OF			YEAR	3. TIN	AE OF DEA	тн
Ellen C	. Lin	genfelde	r							MAY :	28 IS	990	TEAH	ĺ		M
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In	yrs. last	birthday)		DER 1 YEAR	IF UNDER		7. DATE OF E					(State or F	oreign
216-28-50	94	1 🗌 M 2 🔀 F	į	56	YRS.	MONTH	IS DAYS	HOURS	MIN.	Aug .	24,19	933	Counti	'y)	MD.	
9a. FACILITY NAME (If not in	nstitution, give st	reet and number)	-			9b. C	TY, TOWN	R LOCATI	ON OF DE	ATH			NTY OF D			
7806 St.		et Lane					Dung	dalk				H	Balti	Lmor	:e	
							N OR LOCAT	ion undal	Lk					L	NSIDE CIT	
10e. STREET AND NUMBER						1 10 20 10					IZEN OF	WHAT C	OUNTRY?			
7806 St. E	Bridget	Lane						2	1222				US	SA		
11. MARITAL STATUS 1 Never Married 2 2 3 Wildowed 4 Dive	KMarried proed	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 3 N				ecify Cube		IIC ORIGIN? (S n, Puarto Ricar (:		or No—	Blec	k, White	nerican ind a, atc. nite	len,
	EDENT'S EDUC ly highest grade 0-12)			(Gh		work do se retire	- /		ng	18b. KIN	ID OF BUS	INESS/IN	DUSTRY			
17. FATHER'S NAME (First, A	Aiddle, Last)							16. MOT	HER'S NA	ME (First, Middl	le, Maiden	Surname)				
William	Winega	ard							Glad	dys Do	ove					
19a. INFORMANT'S NAME (Type/Print)			19b						Route Number, (
Robert Lir	ngenfel	lder			780	6 S	t. Br	idge	t Lai	ne BAl	timo	re M	Aryla	and	2122	22
20s. METHOD OF DISPOSITION 1						SITION Ll	(Name of cer Cemet	netery, crer ery	matory or	_			City or To		rylar	nd
21 STONATURE OF FUNERA	AL SERVICE LIC	ENSEE	A .	/			22. NAME A	ID ADDRE	SS OF FA	CILITY						

Connelly Funeral Home of Dundalk 21222 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart tallure. List only one cause on each line. **Approximate** interval Between IMMEDIATE CAUSE (Finei Onset and Death disease or condition reaulting in death) CANCER METASTATIC MOS Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART il. Other aignificant conditions contributing to deeth but not reculting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO S Residence & Other (Specify) 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 🗆 Nu 27. MANNED OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, daily

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

2 MEDICAL EXAMINER: On the besis of examination and/or investigation,

296. SIGNATURE AND PITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year)

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9000 AC

MAY 3 01990

1 YES 2 NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

TO BE COMPLETED BY FUNERAL DIRECTOR

D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a man after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed v	TO THE FUNERAL CHRECTOR: After this certificate has been signed by the attending physician and complex filed within 27 bruns after death with the State Deat, of Health and Mental Hydiene prior to burial, or	픈

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		SIAIE UF I	MARYLAND / CI		ICATE (MENTA	REG. NO			
1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE	OF DEATN	AY	MEAG	3. TIME OF DEATH
LEONA M		BER						MONT		29	90	11:45 Am
4. SOCIAL SECURITY NUMBER 215-24-728		5. SEX	6. AGE (In yrs. les		IF UNDER 1 YE	AR IF UND	ER 24 HRS.	(Monti	OF BIRTN		Countr	
9a. FACILITY NAME (If not ins			78	YRS.	41. 41.				т.5,			ARYLAND
						WN OR LOCA	TION OF D	EATN		9c. COU	NTY OF D	EATN
UNION MEMO		HOSPITAL			BALTI	MORE						
10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR L							10d. INSIDE CITY LIMITS?
MARYLAND					BALT	IMOR						tXXYES 2 □ NO
10e. STREET AND NUMBER 4239 ST	TET DO	NI ATTE				101. ZIP CO						VHAT COUNTRY?
11. MARITAL STATUS	IELDU		T EVED IN HE AS	MED	12 1100		1206	NIC ORIGIN	17 (Specify Ye		. S.	A . E — American Indian.
1 Never Merried 2 1 Wildowed 4 Divo		FORCES?	TEVER IN U.S. AF	NO	If ye	s, specify Cu YES 22 AW	ban, Maxico O Specia	en, Puerto	Rican, etc.)	0 Of NO	Black	WHITE
	EDENT'S EDU highest grade		(G	live kind of	USUAL OCCU		rking	16b	. KIND OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (0	-12)	College (1-4 or 5		HOME	se retired.) MAKER				OWN	ном	E	
N A	iridia Lacti	NANA				10 M/	THEB'S N	ME /First	Middle, Malden			
HOWARD R	,	SE				121	IDA			Surriame)		
19s. INFORMANT'S NAME (7)			19	b. MAILING	ADDRESS (S)					vn, State, Zij	n Code)	
DANIEL LU	JBER	(GRANDS	ON)	42	39 SH	ELDO	N AV	Ε.,	BALT	0.,	MD.	21206
20e. METHOD OF DISPOSITI	n 3 🗌 Rem	ioval from Stata	20b. PLACE other p	OF DIEDO	SITION (Name MIAN	of comptent o	manadani ar		20c. LC	CATION -	City or To	
21. SIGNATURE OF FURERAL	SERVICE LI	CENSEE			22, NAI	WE AND ADDI	RESS OF F	ACILITY				
> /pin	1	-a			33	31 B	REHM	S LA	RAL I	BALT	Ο.,	NC. MD. 21213
IMMEDIATE CAUSE (Fin	eert fellure. Iel	Liet only one ce	use on each line	e.		e mode of o	dylng, suc	ch aa can	diac or reap	piratory ar	reat,	Approximate Interval Between Onset and Death
resulting in death)	_	a. Massi	O (OR AS A CONSE	OUENCE C	PF):							
Sequentielly list conditi if any, leading to imme- cause. Enter UNDERLY	diate	DUE TO	(OR AS A CONSE	OUENCE O	NF):							
CAUSE (Disease or inju that initieted events resulting in death) LAS	iry S	C. DUE TO	OR AS A CONSE	OUENCE C	PF):							
		d										
PART II. Other algnifica	A-1	- 1	HF	resulting	In the unde	rlying ceus	e given ir	Part I.	24a. WAS AI PERFO 1 TYES	RMED7	246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:				26. PLACE OF	F DEATH (C	heck only o	ne)			
1 TYES 2 NO		1 Ninpatient 2	☐ ER/Outpatient	3 DOA	OTHER:	Home 6 🗆	Residence	6 🗆 Oth	er (Specify)			
	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	26b. TII	JURY	C. INJURY AT WORK?		28d. DE	\$CRIBE NOW	INJURY OC	CURED	
	Could not be determined	28e. PLACE building	OF INJURY — At h , etc. (Specify)	ome, farm,	street, factory	, office			CATION (Street or Town, State		or or Rural :	Route Number,
Contact only		BICIAN: To the best of										e) and manner as stated.
296. SIGNATURE AND TITLE							ICENSE NU					O (Mopth, Day, Year)
Michael 30. NAME AND ADDRESS OF	Mac	see MD	ISE OF DEATH #2	EM AT G	o Delett		N/A	-		1	5/29	190.
2018. My	iv P	a kway	Bali	21) (IVP	MD	21	218	, .				
MAY 3 0 100	Year)	32. REGISTR	AR'S SIGNATURE				-					

TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after deat IMPORTANT: If Item 28 Is m

	-			Ļ				
TO BE COMPLETED BY FUNERAL DIRECTOR	FUNER	ED BY	MPLET	BE CC	٥			TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
			CG.	led at on	be notif	er must	ехашіп	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
ermit. Pages 1, 2, 3 shor	irial-transit p	se as the bu	ached for u	ould be det	page 5 sho	director.	ne funeral al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
	ysiciali.	מונפווחוות חו	noshial of	en of me	ay the retain	ane o me	GEAUS.	TO THE MUSPISAL OR ALEMBING PHYSICIAN. THE IBM REquires that the deadli continuous to standard within 14 mous and deadli. Tage of may be laterined by the mospital or attending physician.

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTA	REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH			TIME OF DEATH
Lean	Lachmar	`			MONT	ン H		AR O	5:10 PM
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)F1	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.1		ACE (State or Foreign
99. FACILITY NAME (If not institution, give		YRS.		HOURS MIN.	91	n, Day, Year)		BALT	IMORE MD.
Hartor Hospital	Center 3001 5		Button.				9c. COUNTY		
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	ry	10c, CITY, TO	OWN OR LOCATION	ON				10-	d. INSIDE CITY
MARYLAND ANN	E ARUNDEL		BURNI						LIMITS? VES 2 NO
10e. STREET AND NUMBER	S ARONDEL	I GEEN		ZIP CODE			10g. CITIZEN		T COUNTRY?
22 HARVARD RD			1000	21061				US	
11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ABMED		NDENT OF HISPAN			or No 14.		American Indian, hite, etc.
1 TrNever Married 2 Married	FORCES? 1 YES			cify Cuban, Mexica 2 NO Specify		Rican, etc.)		Specify:	hite, etc.
3 Widowed 4 Divorced				Λ				WHI	re
15. DECEDENT'S EDU (Specify only highest grad	le completed)	(Give kind of work of the Do NOT use ret	done during mos		168	KIND OF BUS	SINESS/INDUST	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		NONE				NONE		
NONE 17. FATHER'S NAME (First, Middle, Last)		1	INOINE	18. MOTHER'S NA	ME /Elmi	Miridia Adairia-			
	7 3 013333				75.0				
HYMAN 19e. INFORMANT'S NAME (Type/Print)	LACHMAN	19b, MAILING ADD	DRESS (Street an	MARY ad Number or Rural I		NKELST		de)	
MRS. ISOBEL WE:	TNER	541.2007.22.130		RD. BAI					1208)
20e. METHOD OF DISPOSITION	201	b. PLACE OF DISPOSITIO			1 1 1 VK		CATION — City		
1 Surial 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	other place) HEBREW YC				WOO	DLAWN	MD	
21. SIGNATURE OF FUNERAL SERVICE L		11021(11) 40		D ADDRESS OF FA	CILITY		D LI WILL	110	
1 Sals on 1 7	Ate Ulman	ر		LEVINSON					
23. PART I Enter the diseases, or	complications that cause	d the death. Do not		REISTERS					MD. (21215
	. Liet only one cause on e		enter the moc	ie oi dying, suc	TI AS CAT	uiec or reepi	ratory arrest	•	Interval Between
IMMEDIATE CAUSE (Final disease or condition									Onset and Death
resulting in death)	. Métactatic	A CONSEQUENCE OF:	nul C	arcino	ma	_			2413.
	DOE TO (ON AS A	A CONSEGUENCE OF).							1
Sequentially list conditions,	bDUE TO (OR AS	A CONSEQUENCE OF):							
if eny, leading to immediate cause. Enter UNDERLYING	_								
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):							
resulting in death) LAST	d								
PART II. Other significent condition	ons contribution to death (but not regulation in a	he undertvine	cause ohmo in	Part I	24a, WAS AN	ALITOPRY	24h W	ERF AUTOPSY FINOINGS
	order	not resulting in the	Griveriyilg	Alson Mison III	- art 1.	PERFO	RMED?	Ab	MILABLE PRIOR TO OMPLETION OF CAUSE
Hemeteria	J. CO.					1 TYES 2	E NO		F DEATH?
ALCONTRACTOR ACI				<u> </u>				'	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T		26 DI	ACE OF DEATH (Ch	nack only o	oe)			
EXAMINER?	HOSPITAL:		THER:						
27. MANNER OF DEATH	28a, DATE OF INJURY	28b, TIME OI		JRY AT			NJURY OCCUP	NED	
1 Netural 6 Pending	(Month, Day, Year)	INJURY	WO						1
2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	Y — At home, farm, stree					and Number or	Rural Rou	te Number,
4 Homicide 6 Could not be determined	building, etc. (Spe	ecify)				or Town, State)			
29a. CERTIFIER , ID CERTIFYING PHY	SICIANI To the best of the	edada de de	a about the contract of the	and alvertices		madat == t			
(Check only	SICIAN: To the best of my know HER: On the basis of examination								nd menner as stated.
			, spanou, or			- Sine Support of			
29b. SIGNATURE AND TITLE OF CERTIFI			- 1	29c. LICENSE NUI	MBER			D.7	fonth, Day, Year)
Rissett, Dout 30. NAME AND ADDRESS OF PERSON W		FATH (ITEM 27) (Time De	int)					- I	
				2.11.		1	. 2	113	
Robert C. Dourd	32_REGISTRAR'S CLE	NATURE	over 8	· Dain	mor	· ····	∽ د	ر م.	
MAY 3 U 1990	Sul Davidson-R	inde							

BALTIMORE, MARYLAND	nours after death. Page 6 may be retained by the host	led in by the funeral director, page 5 should be detache, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- yours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI				HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	L LYN	ICH	SR.		2. DATE OF MONTH	DEATH DAY 7	90	3. TIME OF DEATH A
OR	4. SOCIAL SECURITY NUMBER 237-52-4712 98. FACILITY NAME (If not Institution, give HOMEWOOLHOSP)+	1X M 2 🗆 F 5	9 YRS.	FUNDER 1 YEAR DAYS BOTHS DAYS BALLIN	HOURS MIN.	7. DATE OF (Month, I)	25 31	Country	h Carolina
AL DIRECTOR	TRESIDENCE OF DECEDENT 10a. STATE 10b. COUNT M 10a. STREET ANO NUMBER	Υ	10c. CITY,		Baltimor	e	10g	, CITIZEN OF W	10d. INSIDE CITY LIMITS? 1 V YES 2 NO HAT COUNTRY?
BY FUNERAL	3933 Annellen Ro. 11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWIdowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	21215 ENDENT OF HISPA Polity Cuben, Mexica 2 NO Specific	an, Puerto Ric	(Specify Yes or No	0- 14. RACE	SA —American Indian, White, etc.
COMPLETED	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use of Machine	k done during mo etired.)	at of worlding			al Mot	ors
BE CO	17. FATHER'S NAME (First, Middle, Leet) Thurston Lynch					e Hous	se		
70	Romonica Lynch		3933 An	nellen	Road, B	altimo	ore, Mar	ryland	21215
	20. METHOD OF OISPOSITION 1 Burlet 2 Crimenten 3 Ren 4 Donetion 5 Other (Specify) 21. SIGNATURE OF LINERAL BURIES LI	noval from State	PLACE OF OISPOSIT office place WOOD TOWN	Cemeter	netery, crematory or Y	ACILITY	Baltin March	n F/H W	aryland
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CHRONIC	the death. Do not ach line.	NAL	da of dying, aud	A 1 L			Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	b. HIV - ORA(DUE TO (OR AS A MAUG	CAN CONSEQUENCE OF:	TION DIDII	gsis YMPI	HOMI	4 0)	F TH	E BRAIN
PHYSICIAN: MEDICAL C	PART II. Other algnificant condition	na contributing to death be	ut not resulting in	tha underlying	g causa given in		4a. WAS AN AUTO PERFORMED I YES 2 3-4	?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
HYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Outp	atient 3 DOA 4	THER: Nursing Homore Property 28c, INJ		6 🗆 Other (Specify)	Y OCCURED	
ED BY	1 Netural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	(Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	M 1 🗆 '	RK? /ES 2 NO	261. LOCAT City or	ION (Street end N Town, State)	umber or Rural R	oute Number,
COMPLET	one)	SICIAN: To the best of my knowl IER: On the basic of examination							end manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P	rint)	D-2	588	16	5 2	7/90.
	S1. DATE FILED (MONTH), Day, Your) MAY 3 1990 4	32. REGISTRAR'S SIGN.	ME WOI	DD M	EDICAL	CENT	ER	BACIO.	MO 21218

FOR

~	1 - REGISTRAR CERTIFICATE OF DEATH	REG. NO.							
	1. DECEDENT'S NAME (First, Migdio, Last) EDDIE MYERS	2. DATE OF DEATH DAY YEAR 27 1990 10:09 a.m.m.							
	4. SOCIAL SECURITY NUMBER 5. SEX 1 D M 2 F 8. AGE (in yrs. lest birthday) F UNDER 1 YEAR F UNDER 24	21 2770							
OR	** FACILITY NAME (If not institution to be strong and autobach THE JOHNS HOPKINS HOSPITAL **BALTIMORE CI								
DIRECTOR	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	10d. INSIDE CITY LIMITS? 1 TES 2 NO							
FUNERAL (100. STREET AND NUMBER MCDONALD Street 215	10g. CITIZEN OF WHAT COUNTRY?							
BY FUN		HISPANIC ORIGIN? (Specify Yea or No— Mexican, Puarto Rican, etc.) Specify: 14. RACE — American Indian, Black, White, etc. Specify:							
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16b. KIND OF BUSINESS/INDUSTRY							
COMPLETED	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHE	B'S NAME (First, Middle, Meiden Surname)							
BE	198. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Nurgaber of	VVINA UNKA							
0	Lenoy Coagar 818 E Novi	Rynel Route Number, City or Town, State, Zip Code)							
160	20s. METHOD OF DISPOSITION 1 Divide 2 Crymetion 3 Removed from State 4 Donation 6 Other (Specify)	ory or 20c. LOCATION - City or Town, Stela							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS SELF M	OF FACILITY F/ 1639 N. Blandwe							
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying the control of the contr	g, such as cardiac or respiratory arrest, Approximate Interval Between							
	shock, or heart failure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final								
	disease or condition resulting in death) OSC 5.5 - 5 hap h 4 death Due to (or as a consequence of): ARD-5	1 2							
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	10							
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	7 4.4							
	d. Dengo water	2 445							
EDICAL	PART II. Other significent conditions contributing to deeth but not reculting in the underlying ceuee gl	PERFORMED? 1 YES 2 AO AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?							
PHYSICIAN: ME		1 □ YES 2 2 ANO							
CIA	ENAT	ATH (Check only one)							
YSI	1 Inpettent 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Rea								
ву Рн	27. MANNED OF DEATH 20n. DATE OF INJURY (Morith, Day, Year) 20n. DATE OF INJURY (Morith, Day, Year) 20n. DATE OF INJURY (Morith, Day, Year) 1 YES 2	26d. DEŞCRIBE HOW INJURY OCCURED NO							
	2 Accident investigation 3 Suicide 6 Could not be determined 26e. PLACE OF INJURY — At home, ferm, street, factory, office City or Rown, State) 26f. LOCATION (Street and Number or Rural Rou City or Rown, State)								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, one) 2 MEDICAL EXAMINER: On the basis of axaminstion and/or investigation, in my opinion, dash occurred.								
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICEI	SE NUMBER 29d. DATE SIGNED (Month, Day, Year) > 5/21/9							
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) DAVID Aller, MO John Hykiri	Hose Backmore mo							
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE								

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI				YGIENE EG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)	1/4 m.	1			2. DATE OF E	DEATH DAY	YEAR	3. TIME OF DEATH	
~		1 □ M 2 ØF	25 YRS. MC	F UNDER 1 YEAR INITHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LIDCATION OF DE	7. DATE OF A (Month, Day)	7/15	8. BIRTHP Country) M G NTY OF DEA		
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY	= 140sp1	10c. CITY. 1	TOWN OR LOCA	DA(T/)	NO RE	2 //	m:	50/1	
		imore		wson					LIMITS?	
FUNERAL	100. STREET AND NUMBER 2300 Dulaney Va	lley Road		1	or. ZIP CODE	04	10g. CITI	U.S.	A.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XXDivorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2XXNO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica \$ 2 \(\subsection \) NO Specify	n, Puerto Ricar		14. RACE - Black, Specify	- American Indian, White, etc. : White	
ETED	15. OECEDENT'S EOUCI (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	k done durina n	ION poet of working	16b. KIN	D OF BUSINESS/INC	DUSTRY	***************************************	
COMPLETED	6th 17. FATHER'S NAME (First, Middle, Last)	Waxte	Seamst	ress	18. MOTHER'S NA	ME (First, Middl	Haas Ta	ailor	ing	
TO BE	Ernest 19a. INFORMANT'S NAME (Type/Print)	19b, MAJLING AI		and Number or Rural						
	NAncy L. Webster 20g, METHOO OF DISPOSITION 1 A Burdel 2 Gremation 3 Gremo	val from State	PLACE OF DISPOSIT	ION (Name of c	emetery, crematory or	V	nd=21122 OCATION — City or Town, Stats			
	4 Donation 5 Other (Specify)		New Cath	-	Cemetery		imore			
	· Kachlun	m. murp	hey	John	C. Mille	r, Inc			ir Road ,Md21206	
2	23. PART I. Enter the diseases, or control to the c	List only one cause on es	ich line.	3	lue ellit		or respiratory an		Approximata Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):							
MEDICAL	PART II. Other significent conditions	contributing to death bu	ut not resulting in	the underlyi	ng cause given in		PERFORMEO? YES 2 NO	FORMEO? AMAILABLE PRIOR TO COMPLETION OF CAUSE		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C)	heck only one)				
PHYSICIAN:	1	1 Inpatient 2 ER/Outp	28b. TIME	OF 28c. II	NJURY AT VORK?		BE HOW INJURY OC	CURED		
LED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec			YES 2 NO		ON (Street and Number own, State)	or or Rural Re	oute Number,	
COMPLETED	CONSTRUCTION OF THE STATE OF TH	CIAN: To the best of my knowl							and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Beating P. Dingon, M.D. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)								
	30. NAME AND ADDRESS OF PERSON/WHO	COMPLETEO CAUSÉ OF DE	Lugar	nnt)	t. Jon	ph,	Hospi	ak	Towson mo	
	MAY 3 U 1990	4 Javidson	n-fandall	,				*	/	

attending physician.

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The	ate h	ate	E
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NSIC	S Ce	ith th	Ď,
프	ar th	th w	ark
DIN	Atte	dea	E .
TTEN	ADT.	after	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within 2- hours after death. Page 6 may be retained by the hospital o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	DULY	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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30, NAME AND ADDRESS OF

MAY 3 U 1000

29b. SIGNATURE AND TITLE OF CERTIFIER

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MOORER 906 MATTHEW 90 5 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 718 14-4934 HOURS MIN STOCM 2 F 85 DAYS 9-12-04 S. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR NORTH CHARLES GEN. HOSP. BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY BALTIMORE CITY MD YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 921 NORTH MADERIA STREET 21205 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MNO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 VNO Specify: 1 Never Married 2 Married Specify: BY 3 Divorced 4 Divorced BLACK COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 185 KIND OF BUSINESS/INDUSTRY (Specify only highest gr Elementary/Secondary (0-12) College (I-4 or 5+) LONG SHOREMAN NA 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ERIC MOORER FANNIE BROOKS BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JESTEEN RT. 1 Box 223/Readyville, Tenn. BROWN 37149 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20a. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State 20a. METHOD OF DISPOSITION

Burlai 2 Cremetion 3 Removal from State

4 Donation 5 Other (Specify) VOSHELL MEM. GARDEN CEM. RANDALLSTOWN, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gladia Warren WM.C. MARCH F.H. 1101 E. NORTH AVE. 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or hasrt failure. List only one cause on each iine. Interval Between Onset and Desth IMMEDIATE CAUSE (Final disease Dr condition VENTRICULAR DISRYTAMA resulting in death) DUE TO (OR AS A CONSEQUENCE OF): HEARY FAILURE CONGESTIVE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? PERFORMED? 1 | YES 2 | NO 1 TYES 2 TNO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO 1 Minpetient 2 ER/Outpetient 3 DOA 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 V Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be 4 Homicide detarmined

29s. CERTIFIER I CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the Ilms, data and place, and due to the cause(s) and manner as stated.

B= 17

AP MANSURY

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Nevidon Bondelle

Handler Sr

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the lime, data and place, and due to the cause(s) and manner as stated.

MO

29c. LICENSE NUMBER

D38873

212 30

29d, DATE SIGNED (Month, Day, Year)

190

5/28

21777 ,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH	AY	YEAR	3. TIME OF DEATH	
	George A. McClir								1990	TEAN	9:00 A M	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthda	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	1000	6. BIRTH	IPLACE (State or Foreign Y)	
DIRECTOR	215-30-4044		56 YRS					Sept. 26,			yland	
	9a. FACILITY NAME (If not institution, give a 6420 Belair Road				more		TH	9c. COU	NTY OF D	EATH		
	RESIDENCE OF DECEDENT	1			alti	more			_		-	
ا ا	10a. STATE 10b. COUNT	Y	10c. (CITY, TOWN	OR LOCAT	ION					10d. INSIDE CITY	
	Md			Baltimore					1 ▼ YES 2 □ NO			
FUNERAL	100. STREET AND NUMBER 6420 Belair	Road		101. ZIP CODE 21206					10g. CIT	10g. CITIZEN OF WHAT COUNTRY? USA		
٣	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR			13.	WAS DEC			C ORIGIN? (Specify Ye				
E	1 ☐ Never Married 2 ☐ Married FORCES? 1√2 YES 2 ☐ IF YES, GIVE WAR OR DATES				If yes, sp	2 NO	n, Maxican, Specify:	Puerto Rican, atc.)	Black, White, etc.			
B√	3 Widowed 4 KNDIvorced	PEACETI						1			litte	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDEN (Give kind life, Do NO	of work done T use retired.)	during mo	on st of working	g	16b. KIND OF BU	ISINESS/IN	DUSTRY		
ا ۳	Elementary/Secondary (0-12) N/A	Cotlege (1-4 or 5+) N/A	Posta		rrie			U.S. I	Posta	1 Of	fice	
8	17. FATHER'S NAME (First, Middle, Last)	21/ 22	1000				IER'S NAM	IE (First, Middle, Maider	Surname)			
	George A. McCl	intock				A1	lice	E. Logi	1e			
TO BE		DAUGHTER)	19b. MAIL	ING ADDRES	S (Street a			oute Number, City or Tox				
۲	Catherine A. Mc	Clintock	452	3 Ar	abia	Ave	enue	Baltimore	e Md.	212	14	
	20a. METHOD OF DISPOSITION 1 Burlai 2 Permation 3 Rem	oval from State	other place)	POSITION (N	ame of cer	netery, crem	atory or		ocation —	-		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF PUBLISH SERVICE LIV	CENSEE	ME	TRO C							rid .	
	21. SIGNATURE OF FUNDAM SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home Inc. 3331 Brehms Lane Baltimore, Md. 21213									01010		
-	23. PART I. Enter the diseases, or										. 21213	
		List only one cause on		m	An 1	lis	e,	Men	nte	m	Interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	na contributing to deeth	but not resulti	ng in the u	nderlyin	g cause g	given in F		RMED?	241	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITA				LACE OF D	EATH (Che	ck only one)				
SK	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou	rtpatient 3 DO	OTHE 4 □ Nu		o 5 Ek Re	isidence (B Other (Specify)				
FH	27. MANNER OF DEATH Neturel 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b.	TIME OF INJURY	WC	URY AT		28d. DESCRIBE HOW	INJURY OC	CURED		
B	2 Accident Investigation	24 57 425 25 77 77		1 YES 2 NO								
밀	3 Suicide 8 Could not be 4 Homicide datamined											
COMPLET	dead and	ICIAN: To the best of my kno ER: On the basis of examinat									a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CENTURE	n Am	Th	m. A	2.	29c. LICI	IOS	BER 9	29d. DA	TE SIGNE	26/95	
70	30. NAME AND ADDRESS OF PERSON W	ith 1900 E.			eleran	7	- 60		1	1	1	
	Dr. Meredith Sm 31. DATE FILED (Month, Day, Year)			III Id.	LRWd	у						
	MAY 3 0 1990 4	A REGISTRAND SIC										

M 12 1 -

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

1 - STATE REGISTRAR		OIMIL OF I	C			OF DEATH		REG. NO				
1. DECEDENT'S NAME (First,				F .			2. DATE	OF DEATH	AV	YEAR	3. TIME OF DEA	тн
H	elen	Maria	ın	1	MONTE			25.	1	990	7:53	рм
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. les	st birthday)	MONTHS D	EAR IF UNDER 24 HRS.	7. DATE (Mont	OF BIRTH h, Day, Year)		Count	HPLACE (State or F	oreign
215-09-9897		1 M 2 X F	69	YRS.		THOUSE MARK	AUG	. 29,	1920	MAI	RYLAND	
9a, FACILITY NAME (If not in	stitution, give s	street and number)			9b. CITY, TO	WN OR LOCATION OF DI	EATH		9c. COL	INTY OF D	DEATH	
FRANKLIN SQ		HOSPITAL			ROSED	ALE			Bal	timo	ore Cou	inty
10a. STATE	10b. COUNT	Υ		10c. CITY	, TOWN OR L	OCATION					10d. INSIDE CIT	Υ
MARYLAND BALTIMORE BALTIMORE 1 □ ves 2 🖫 NO									NO			
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?												
9504 PERRY HALL BOULEVARD, APARTMENT 301 21236 U.S.A.												
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: WHITE												
15. DEC (Specify only	EDENT'S EDU	CATION completed)	(0	Sive kind of w	USUAL OCCL	PATION ng most of working	161	. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0	i-12)	College (1-4 or 5	+)	a. Do NOT us								
N/A		N/A	SEL	F EMP	LOYEE			GROCER		ORE_		
17. FATHER'S NAME (First, M						16. MOTHER'S NA		7.5	Sumame)			
JACOB BUCKE						MADELI					·	
19a. INFORMANT'S NAME (7		/				treet and Number or Rural						
EILEEN C. F		CH (DAUGE				ST COURT,	BALT					
20a. METHOD OF DISPOSIT	n 3 🗆 Rem	noval from State	20b. PLACE other p	(ace)	ITION (Name	of cometery, crematory or EMER CEMET	EDV				own, State	,
4 Donation 5 Other 21. SIGNATURE OF FUNERA		CENSEE	_ 1 11051	HOLI		ME AND ADDRESS OF FA		DAL	I IMO	KE, I	MARYLANT	,
and distribute of Tonepar	L GETTIGE E	0		0		HIMUNEK FU		L HOME	, IN	C.		
Curies		he tas	tne	> 1	97	05 BELAIR	ROAD	, BALT	IMOR	E, M	ARYLAND	2123
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other significa	ent condition	_		reaulting	in the unde	riying cause given in	Part I.	24a. WAS AF PERFO 1 YES	RMED?	24	b. WERE AUTOPSY AVAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2	R TO CAUSE
25, WAS CASE REFERRED T	O MEOICAI					26. PLACE OF DEATH (C	hack only	one)				
EXAMINER?		HOSPITAL:	EQ/Cudanest	2 13/01	OTHER:			*				
27. MANNER OF DEATH		28a. DATE O	FINJURY	26b, TIM		Home 5 Affasidence	_	SCRIBE HOW	INJURY O	CCURED		
1 Natural 5	Pending		Day, Year)		IURY	WORK?						
2 Accident 3 Suicide	2 Accident Investigation 28s. PLACE OF INJURY — At home form street factory office. 28f LOCATION (Street and Number of Bural Bude Number)											
4 Homicide	Could not be determined		, etc. (Specify)					y or Town, State				
conduction only						, date and place, and du					(s) and menner as	stated.
296. SIGNATURE AND TITLE	OF CERTIFIE	3/	/ -		7	29c. LICENSE NU	JMBER	~9	29d. D/	TE SIGNE	D (Month, Day, Yea	r)
clase	///	11	cu		(1239	61		•	5-5	690	
30. NAME AND ADDRESS O	PERSON W	HO COMPLETED CAL	JSE OF DEATH (IT	EM 27) (Type		THOR	Č.	up	7 7	17	3/	
31. DATA FIREY (Month Days	MAN	32. REGISTR	AR'S SIGNATURE	_	nu	12010	-		- 0	10.	6	-
יייט פי ורחוויי	שבנו	gripa David	AR'S SIGNATURE	1860								

ALC: N

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

	1 - STATE REGISTRAR	CERTIF	CATE OF	DEATH	REC	3. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE			3. TIME OF DEATH			
	John Joseph McAleer Jr.				W05 25 90			1345 P M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR		8. BIRTN	IPLACE (State or Foreign			
	215-03-1301 ¹☐x ^{M 2 ☐ F} 73	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, 1		6 Countr	laryland			
	9a. FACILITY NAME (if not institution, give street and number)		9b. CITY. TOWN O	R LOCATION OF DE			OUNTY OF D				
œ											
2	North Arundel Hospital Glen Burnie Anne Arundel										
EC	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE CITY			
DIRECTOR	Maryland Anne Arundel		Glen Bur	nie				LIMITS? 1 YES 2 NO			
	10e, STREET AND NUMBER		101	ZIP CODE	10a. CITIZEN O			WHAT COUNTRY?			
RA	259 Carroll Road			21061	USA						
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.	ADMED	12 WAS DEC	EMPENT OF MISDAN	IC ORIGIN? (Specify Yes or No. 14. RACE			E American Indian,			
	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yes, sp	city Cuban, Mexica	n, Puerto Rican, e	rtc.)	Black	k, White, etc.			
ВХ	3 Wildowed 4 Divorced WW II		1 U YES	2 NO Specify	y: Specify Wh:			"y; nite			
		OECEDENT'S	USUAL OCCUPATIO	N .	16b. KINO	OF BUSINESS/	INDUSTRY				
ETE	(Specify only highest grade completed)	(Give kind of a	work done during mo se retired.)	st of working							
PLE		March	ouse wor	kor	Δ	& P					
COMPLETED	7th grade 17. FATNER'S NAME (First, Middle, Lest)	walen	louse wor	18. MOTNER'S NA			0)				
					Viola						
BE	John J. McAleer, Sr.	10h MAILING	ADDRESS (Street o	nd Number or Burni S	Bouds Number City	or France State	Zin Codel				
2	John J. McAleer 3rd.	5	277 Stra	thmore I	rive Me	chanic	sburg	g,PA. 17055			
	20s. METHOD OF DISPOSITION 20b. PLA	CE OF DISBO	SITION (Name of cer	national committees of	1.	20c. LOCATION	City or To	Charles Charles			
	1 Durial 2 Cremation 3 Removal from State	dar Hi	.11 Cemet	ery		Brook	Lyn Pa	ark, Md.			
	4 Donation 5 Other (Specify)	. //			CHITY						
	Hubbard Funeral Home										
	Illes a To Se	14	4107	Wilkens	Ave. Ba	alto. N	1d. 2	21229			
	23. PART I. Enter the diseases, or complications that caused the		not anter the mo	de of dying, suci	h as cardiac o	r respiratory	arrest,	Approximate			
	ahock, or heart failure. List only one cause on each line. Interval Between Onset and Dea										
	disease or condition Mota Tati. His blaseas Caramomo										
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Matayata Brokensee Caramoma Due to (or as a consequence of:										
z											
0	Sequentially list conditions, oue to (or as a consequence of):										
\S	CAUSE (Disease or injury C.										
Ĭ	that initiated events DUE TO (OR AS A CON	SEQUENCE O	F):								
CERTIFICATION	resulting in death) LAST							-			
	u.										
DICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AN AUTOPSY PERFORMED?										
8	1 Ures 2 Tho OF DEATH?										
ME								1 TYES 2 NO			
PHYSICIAN: MEI											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Ch	eck only one)						
SIC	EXAMINER? 1 YES 2 NO HDSPITAL: 1 Vinpetiant 2 ER/Outpetiant	nt 3 🗆 DOA	OTHER: 4 Nursing Hon	e 5 🗆 Residence	8 Other (Spec	c#y)					
H	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIR		URY AT	28d. DEŞCRIBI	NOW INJURY	OCCUREO				
BY	1 Natural 5 Pending		M 1 🗆								
	2 Accident Investigation 3 Suicide 8 Could not be 28. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural R City or Town, State)							Route Number,			
TED	4 Nomicide determined										
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge	e, death occur	red at the time, date	and place, and due	to the cause(a)	and manner as	stated.				
ME	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and							(a) and manner as stated.			
		-committee			A111 12 111 1- 111	11300		the statement of			
BE	296. SIGNATURE AND TOTALE OF CERTIFIER			29c. LICENSE NUI		29d. 1		0 (Month, Day, Year) 25-1990			
5	- VA		,D,	D26	TU		5-4	5-1110			
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATN										
	LONG S. HSU 300 HOSRITA	DRI	VE, GLI	N BURN	IE MD.	2106	1				
	31. DATE FILED (MONTH), Day Your 32, REGISTER THE RESIDENT SECTION TO	RE									

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician,	his perificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunia-transit permit, Pages 1, 2, 3 shou with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	he medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by be filed within 72 hours after death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or rem	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI			MENTAL HYGIEN	E		
	1. DECEMENT'S NAME (First, Middle, Lest) Margaret Mary	Miller				2. DATE OF DEATH	¥ 199	3. TIME OF DEATH	
	016 16 6/00			F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6 21		ountry) Maryland	
E C	96. FACILITY NAME (If not institution, give street Jenkins Memorial		9		imore	EATH	9c. COUNTY	OF DEATH	
5	RESIDENCE OF DECEDENT								
DIRECTOR	Maryland 106. COUNTY	10c. CITY, TOWN OR LOCATION Baltimore						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	403 S. Calhoun St	•		101	ZIP CODE 212	223	11.0	S.A.	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	P. WAS DECEDENT EVER IN U. FORCES? 1 YES : IF YES, GIVE WAR OR DATE	2 MO	If yes, sp		IIC ORIGIN? (Specify Yea n, Puarto Rican, alc.) /:		RACE — American Indian, Black, While, atc. WIII te	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (9-12) Oth grade	ION 16 npleted) College (1-4 or 5+)	Give kind of wor life. Do NOT use i	NUAL OCCUPATE t done during mo etired.)	DN st of working	16b. KIND OF BUS	HESS/INDUSTI	ąy.	
COMP	17. FATHER'S NAME (First, Middle, Lest) Francis E. Laym	an	Trome		18. MOTHER'S NA Ella	ME (First, Middle, Maiden King	Sumame)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Michael Miller					Route Number, City or Town		1230	
	20s. METHOD OF DISPOSITION + Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify) 21. SECNATURE OF FUNEBAL SERVICE LICEN	SEE L Q	40	dge Men 22. NAME A Hut 41(norial Pa b Appress of FA b Dard Fur)7 Wilker	erk Elkn Geral Home, ns Ave. Bal	lto. Md	Md. 21229	
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart failure. Lis immediate cause. (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF:					Approximate Interval Between Onset and Death	
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 NO 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO								
X	25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (Ch	eck only one)			
SIC		IOSPITAL:		THER:	e 5 Residence	6 Other (Specify)			
Ξ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIME	OF 28c. IN.	IURY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED	
ВУР	1 Netural 5 Pending	(Month, Day, Year)	INJUI		YES 2 NO				
	2 Accident investigation 3 Suicide 6 Could not be determined 4 Homicide Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	odel piny	IN: To the best of my knowled On the basis of examination a						use(a) and manner as stated.	
	296 SIGNATURE AND TITLE OF CENTIFIER	296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 2							
BE	MILITAMA V		CONM		D01786 >			75-50	
2	NAME AND ADDRESS OF PERSON WHO O	M.D. 5	TAGNI	SMED	CTR, O	BACTO, 1	10 2	1779	
	31. DATE FILED (Month, Day, Year) July	Dairdion-Many	應			7			

9171, ...

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within extronus after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
		(CERTIFICATE	OF	DEAT	"H		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last) Margaret	- N	lark			2. DATE OF DEATH DO	3 96	11.58 PM			
		1 M 2 XF 6	YRS. MO	NTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 25	- Languega				
HOL	Leston Lospite RESIDENCE OF DECEDENT	2 + me duis	l anter	96. COUNTY OF Baltimore							
DIRECTOR	10a, STATE 10b. COUNTY		10c. CITY, T	own or Locat Baltin			10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
HAL	1824 N. Payson	Street		10f	21217	10g. CITIZEN OF WHAT COUNTRY?					
ž I		12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spe	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yearn, Puerto Ricen, atc.)	or No- 14.	Black, White, atc. Specify: Black			
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo-	SINESS/INDUST						
S S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melden	Sumame)	- 10			
BE	Robert Mark 198. INFORMANT'S NAME (Type/Print)					sa Meyers					
2						Ralto MI					
	Odessa Mark 6905 Brightway Place, Balto., MD 21207 20c. METHOD OF DISPOSITION 1 Buriel 2 Cremetton 3 Removal from State 4 Donetton 5 Other (Specify) King Memorial Park Randallstown, MD										
	21. SIGNATURE OF FUNERAL SERVICE LICE	(bros	V		D ADDRESS OF FA	CILITY March	F/H We Wabash	est			
CERTIFICATION	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury Approximate interval Between Onset and Death Under the mode of dying, such as cardiac or respiratory arrest, approximate interval Between Onset and Death Under the disease or respiratory arrest, approximate interval Between Onset and Death Under the mode of dying, such as cardiac or respiratory arrest, approximate interval Between Onset and Death Under the inte										
AL	DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Solve Fundamental Solve										
PHYSICIAN: MEDIC	"Otrality wheel			. 0				1 TES NO			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	NOSPITAL:		THER:	ACE OF DEATH (C/	6 Other (Specify)					
PHY	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. IN.		28d. DESCRIBE HOW	NJURY OCCUR	ED			
ED BY	1 Natural 5 Pending		Y At home, ferm, atre	M 1 🗆	rES 2 NO	and Number or F	I Number or Rural Route Number,				
COMPLETE	298. CERTIFIER Check only	CIAN: To the best of my kno									
B	2 MEDICAL EXAMINES 29b. SIGNATURE AND TITLE OF CENTIFICA	i: On the basis of examinati	on and/or investigation,	In my opinion, c	29c. LICENSE NU		lecs, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 5/24/90				
0	31. DATE FILED WORTH, DEN 1990	COMPLETED CAUSE OF T	1.99	rint)							

BALTIMORE, MARYLAND 21203-3146 after death. Page 6 may be retained by the hospital or attending ohys

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law it TO THE FUNERAL DIRECTIOR: After this certificate has be to filed within 72 hours after death with the State Dept. IMPORTANT: If item 28 is marked, or Item 23 s.

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	ansit permit. Pages 1, 2, 3 should		
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	ending physician and completely filled in by the funeral director, page 5	burial, cremation, or	the
	lete	rema	m,
	COMI	(a)	8
-	and	P	atic
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	d bu	giene	othe
	endi	숙	ö
5	e att	lenta	ury,
2	W th	N Pu	Ē
Residence of a common of the c	ped L	Dept. of Health and Mental Hygiene prior to	m 23 shows any Injury, or other traumatic event, the medical examiner mi
2	Sign	Hea	SM.
-	has been si	1. 0	She
	has	Depl	23
	-	60	line.

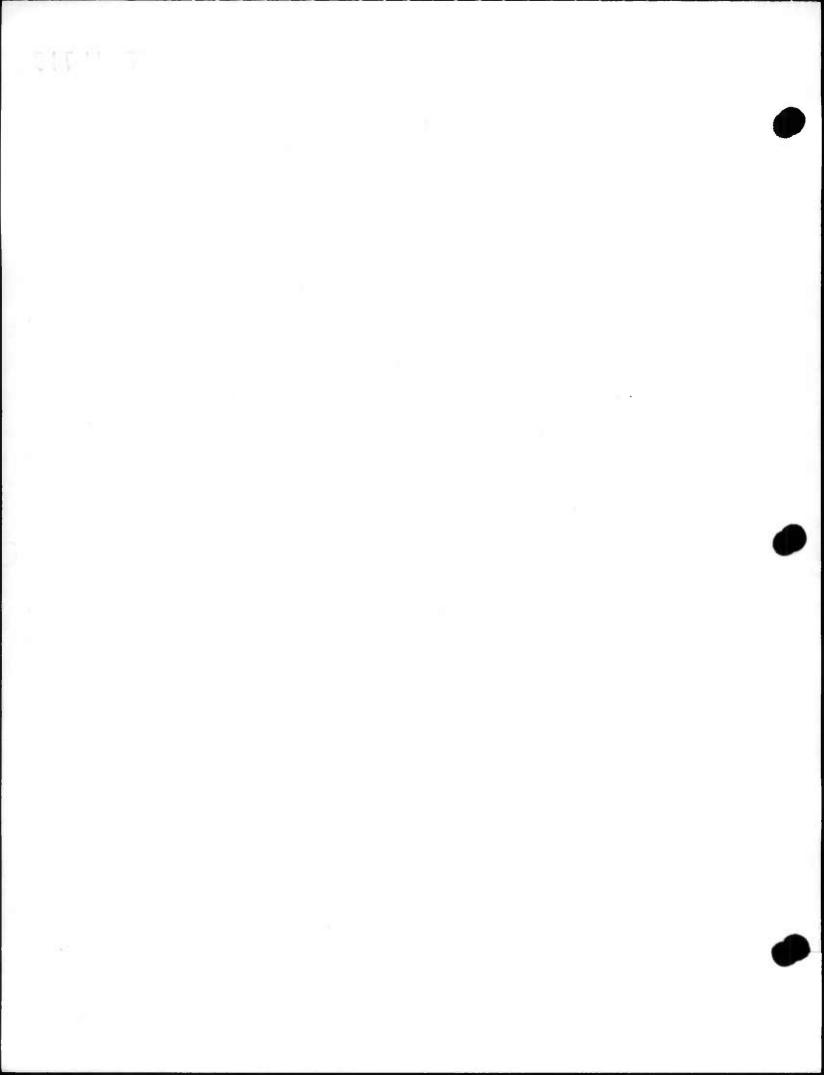
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				GIENE 3. NO.				
	1. DECEDENT'S NAME (First, Middle, Last,					2. DATE OF OE		YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 231-16-5101	5. SEX 6. AGE		F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,)	TH	Count	IPLACE (State or Foreign ny) NNISOTA		
FOR	90. FACILITY NAME (if not institution, give 1425 E. CLEMI RESIDENCE OF DECEDENT		9	BALTI	NORE	ATH	DEATH				
DIRECTOR	10a. STATE 10b. COUN		TOWN OR LOCAT			10d. INSIDE CITY LIMITS? 1 X YES 2 NO					
BY FUNERAL	100. STREET AND NUMBER 1425 E. CLEN	MENT STREET		10f	ZIP CODE 2123	30	12.7	USA	WNAT COUNTRY?		
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR D NAVY WWI	2 NO ATES	If yes, spe	ENDENT OF HISPAN city Cuban, Mexica 2 XNO Specify	n, Puerto Rican, e		14, RACI Blac Spec	E — American Indian, k, Whita, atc. #y: WHITE		
COMPLETED	15. OECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 9 th	UCATION de completed) College (1-4 or 5 +)	16a. DECEDENT'S US Give kind of wor life. Do NOT use in	k done during mo etired.)		16b. KIND	OF BUSINESS/IN	DUSTRY			
ON	17. FATHER'S NAME (First, Middle, Last)		Donosno		16. MOTHER'S NA	ME (First, Middle, I	Maiden Surname)				
BE C	LAURENCE MOS	SSMAN			MAGI	DELINE	HOLMAI	V			
10 B	19a, INFORMANT'S NAME (Type/Print)		19b, MAILING A	DDRESS (Street e	nd Number or Rural I	Route Number, City	or Town, State, Zi	p Code)			
۲	MARY MOSSMAN	V	1425	E. CL	EMENT S	ST. BAI	TO., 1	MD	21230		
	20a. METHOD OF DISPOSITION 1 153 Burlel 2 Cremetion 3 Red 4 Donation 5 Other (Specify)	moval from State	other place)	OISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CHARLES L. STEVENS FUNERAL HOME, INC										
	Una Mu	ley Dos	Ca.						D 21230		
CERTIFICATION	shock, or heart fellure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielty liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitated events resulting in death) LAST	b. OUE TO (OR AS A	tatic M	monell	Ceal Co	FLINON	naft	ę Lida	interval Between Onset and Death		
MEDICAL	PART II. Other significent condition	csuse given in	F	MAS AN AUTOPSY PERFORMED? YES 2 NO	241	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
SIA	25. WAS CASE REFERRED TO MEDICAL, EXAMINER?				ACE OF DEATH (Ch	eck only one)					
SIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER:	5 Residence	e Other (Spec	lfy)				
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUS		JRY AT X	28d. DEŞCRIBE	HOW INJURY O	CURED			
BY	2 Accident Investigation				ES 2 NO						
	3 Suicide 6 Could not be determined 20e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 20e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)										
COMPLETED	000)	SICIAN: To the best of my know NER: On the basis of examination							is) and manner as stated.		
TO BE	29b. SIGHEDORE AND TITLE OF PERSON A	akhue	M) A (TEM 27) (Type, P	rint)	D31	55)	29d. DA	S /	D)Morth, De Veer)		
	31. DATE FILED (MONTH, Day, Year) MAY 3 1990 4	22- REGISTRAR THE	30 30	01 5	HUNON	EKS	+,1341	Topo	re prof 4230		
	MILLI 0 , 1330 7										

the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should val. I examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral directior, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY DHYSICIAN- MEDICAL CERTIFICATION
i examiner must be notified at once.	f item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medica
val.	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remon
0 THE FUNERAL DIRECTORS. After this certificate has been signed by the attending physician and completely filled in by the funeral direction, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by t
er death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
DALLIMONE, MANILAND 41203-3140	DIVISION OF VITAL RECORDS, F.O. BOA 13149,

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE	STATE OF MARYLA	ND / DEPART	IMENT OF H	EALTH AND N	MENTAL HYGIEN	E				
	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.					
,	1. DECEDENT'S NAME (First, Middle, Last) Michael Ferree	Maskavich	1			2. DATE OF DEATH	7 90	3. TIME OF DEATH			
			yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/6/59	Co	PITHPLACE (State or Foreign Dunity) Varyland			
<u>۳</u>	9e. FACILITY NAME (If not institution, give stree 2 Marathon Cour			9b. CITY, TOWN	imore						
5	RESIDENCE OF DECEDENT	<i>t/1</i> 1pt 111									
DIRECTOR	MD Ba	ltimore	10c. CITY	, TOWN OR LOCA	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 2 Marathon Cou	rt/Apt. 1	A	10		DE WHAT COUNTRY?					
BY FUN		2. WAS DECEDENT EVER IN FORCES? 1 _ YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 XNX	if yes, sp		IIC ORIGIN? (Specify Yas n, Puerto Rican, atc.)	s	ACE — American Indian, Black, White, atc. Specify: 7hite			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		16a, DECEDENT'S I (Give kind of w life, Do NOT use	USUAL OCCUPATION done during money retired.)	ON st of working	16b. KIND OF BUS	SINESS/INDUSTR	Y			
립	unkno		airl	ine		U	.S. Ai	.r			
	17. FATHER'S NAME (First, Middle, Lest) John F. Maskav	rich			18. MOTHER'S NAI Audre	y J. Fer	Surname) ree				
TO BE	190. INFORMANT'S NAME (Type/Print) John F. Maskav	ich				Baltimor		21228			
	20a. METHOD OF DISPOSITION 1XX Murtel 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of commetery, crematory or Meadowridge Cemetery 20c. LOCATION — City or Town, Stata 8 Altimore, MD										
	21, SIGNATURE OF FUNERAL SERVICE LICEN					hton Fun	owo1 E	Iomo DA			
	*Koland PS	Jack		736	Edmonds	on Ave/B	alto,	MD 21228			
	23. PART I. Enter the diseasas, or cor shock, or haart fallure. Lis			ot entar tha mo	da of dying, auci	h as cardiac or resp	ratory arreat,	Approximata Interval Batween			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Onset and Death Onset and Death Onset and Death										
_	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
OF	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF);							
S S	CHOSE (Disease of Illiar)	HTV INFO	CONSEQUENCE OF								
CERTIFICATION	that initiated events resulting in death) LAST			<i>r</i>							
	PART II. Other significant conditions	contributing to death be	ut not resulting l	n tha underlyin	g cause givan in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
음	Cytomegalo-viru					1 YES 2		COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDICA	HISTORY of Pres	mocystis preva	with.			_		1 YES 2 10			
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)					
YSi	1 YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outp		OTHER:		6 Other (Specify)	over the second second				
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	DHA M	URY AT HIK? YES 2 NO	284. DESCRIBE HOW	RIBE HOW INJURY OCCURED				
B	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJURY	— Af home, farm, a	*		28f. LOGATION STOWN	and Number or Ri	ural Route Number,			
	4 Homicide determined	building, etc. (Speci	/	1		Coff or Town, States					
COMPLETED	(Oracl)	AN: To the best of my knowl On the basis of examination						use(a) and menner as stated.			
B	296. SIGNATURE AND TITLE OF CERTIFIER	doch me	2_		29c. LICENSE NUI	MBER 16591	29d. DATE SIG	NED (Month, Day, Year)			
2	20 NAME AND ADDRESS OF PERSON WHO	-, -, -			12011		, >	120/70			



i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

CECEDENT'S NAME (First, Middle, Lest)

2. DATE OF DEATH

-	TEGIOTIAN		OLITIII	IONIL	DEATH	HEG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH				
	SALVADOR MARNER					MO5 20	5 90°	9:20 а м				
	4. SOCIAL SECURITY NUMBER 5.	. SEX	8. AGE (In yrs. lest birthday)	IF UNDER 1 YEA	T .	7. DATE OF BIRTH		THPLACE (State or Foreign				
	214-24-4277	MZJF	63 YRS.	MONTHS DAY	S HOURS MIN.	2/13/27	000	N.C.				
	9a. FACILITY NAME (If not institution, give street	t and number)		9b. CITY, TOV	DEATH							
<u>۳</u>	ST. AGNES HOSPI	TAL		BALT	IMORE, MAR	YLAND	AMBRICA					
DIRECTOR	RESIDENCE OF DECEDENT											
2	10e. STATE 10b. COUNTY		10c. Cf	TY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?				
	Mary Am			QA //.	more			1 PYES 2 NO				
AL	100. STREET AND NUMBER		01		101. ZIP CODE	10g. CITIZEN OF	F WHAT COUNTRY?					
E	805 21Am to	ord K	Ed.		2120	SIH						
FUNERAL			EVER IN U.S. ARMED YES 2 NO		DECENDENT OF HISPA	CE — American Indian, ack, White, etc.						
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W		1 🗀	specify Cuban Maxico (ES 2 D NO Specif	ly:	Sp	29ty) L				
							6	SIACIO				
邑	15. DECEDENT'S EDUCAT (Specify only highest grade cor		16a. DECEDENT'S	work done during	ATION most of working	16b, KIND OF BU	SINESS/INDUSTRY					
4	(Specify only highest grade completed) College (1-4 or 5+) College (1-4 or 5+) (Specify only highest grade completed) (Specify only highest grade compl											
MP			Kel	11660								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	n 1	100		18. MOTHER'S N	AME (First, Middle, Meiden	Surname)					
BE	KUDEN	MAK	NER		121/15	7 //1	XOY	1				
10	199. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Str	et and Number or Buray	Apute Number City or Tow	n, State, Zip Code)	10				
۴	Mrs. Mary m	ARNE	10 805	DIA	mord K	d. 19111	0, 11	0,21729				
	20s. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Remova	I from State	/ other place)		cometery, prematory or	// 20c. LO	CATION City or	Town, State				
	4 Donation 5 Other (Specify)		Weste	RN.	JIMO (cem. 1	7/17U	, Co. mc				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22 NAM	AND ADDRESS OF F	CALITY SS FU	Neral	Home				
	LASING I	Vus	2	22	ys 41 A	Inth A	10 BA	1x 2nd 21211				
- 22	23. PART I. Enter the diseases, or con	npilcations that	ceused the deeth. Do	not enter the	mode of dying, suc	ch as cardiec or resp	iratory arrest,	Approximate				
	shock, for heart failure. List only one ceuse on each line. Interval Between Onset and Death											
	discourse division of the second seco											
	resulting in death) e. SERSIS DUE TO (OR AS A CONSEQUENCE OF):											
٦												
0	Sequentially liet conditions, If any, leading to immediate DUE TO (OR AS CONSEQUENCE OF):											
PA	couse. Enter UNDERLYING STRICTURE, WRETERO - VESICLE JUNCTION											
Ĕ	thet initiated events	DUE TO	OR AS A CONSEQUENCE	OF):								
CERTIFICATION	resulting in death) LAST											
	PART II. Other significant conditions of	antelbutine to	dooth but not consider	In the conden	ules sous store le	Part I. 24a. WAS AN	aumanay I a	4b. WERE AUTOPSY FINDINGS				
EDICAL						PERFOI		AMAILABLE PRIOR TO				
ă	MULTIPLE MY					1 D YES 2	□ NO	OF DEATH?				
ME	DIABETET MEZ	CIPU,	KENA PY	MCUM				1-YES 2 NO				
PHYSICIAN:												
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	109PITAL:		OTHER:	L PLACE OF OEATH (C	heck only one)						
YS		7	ER/Outpatient 3 DOA	4 - Nursing	Home 5 - Residence							
H	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF (Month, De		JURY	INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURED					
ΒY	2 Accident Investigation				YES 2 NO							
	3 Suicide 6 Could not be 4 Homicide determined	26s, PLACE Of building,	F INJURY — Al home, farm. atc. (Specify)	streel, factory,	office	261. LOCATION (Street City or Town, State)	and Number or Run	al Route Number,				
E	4 Homeson Getermined											
COMPLETED	29a, CERTIFIER Check only	N: To the beat of	my knowledge, death occur	red at the time,	dala and place, and du	a lo the cause(a) and ma	nner sa stated.					
OM	one) 2 MEDICAL EXAMINER:	On the basis of ax	amination and/or investigat	lon, in my opink	rn, death occured at the	e lime, data and place, as	nd due to lhe caus	e(s) and manner as stated.				
Ö	29b. SIGNATURE AND TITLE OF CERTIFIER	6	/		29c. LICENSE NU	JMBER	29d. DATE SIGN	ED (Month, Day, Year)				
00	Jennes XT	are	< /THR	0	103	333	1 51	26/90				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUS	E OF SEATH (ITEM ET)	Print)	0 30	206 5/	27/40	1.60				
	STOUDN H. PEA	RLMA_	~ 0.	ST A	ND HOUL		- //					
	31. DATE FILEO (Month, Day, Year)	32/REGISTRA	R'S Signapha	V , FICE	1100	. 1.7						
	1990 90	A KARAGO										

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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FOR	CTATE OF I	MADVI AND A	DEDAD	TMENT OF	JEAITH AND	MENTAL UVOIC	AIF.	90 14/2		
1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	Iren	e Fran		ICATE OF	DEATH	MENTAL HYGIE REG. N 2. DATE OF DEATH MONTH		year 3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER	M/aru	6. AGE (In yrs. In:	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	5	90 // P M 8. BIRTHPLACE (State or Foreign		
220-27-8113	-811.3 1 □ M 2 🗶 F 82 YRS. MONTHS C				HOURS MIN.	(Morith, Day, Year) 02/17	/08	Maryland		
9e. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF I		UNTY OF DEATH				
Meridian Nurs	ter		Br	ooklyn		Ar	ne Arundel			
RESIDENCE OF DECEDENT		002					-			
10a. STATE 10b. COUNT	Y 10c			Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS?		
Maryland 100, STREET AND NUMBER				Balti				1 X YES 2 NO		
	atama D			10	f. ZIP CODE		10g. Cl	TIZEN OF WHAT COUNTRY?		
1001 St. Dun		O & Q VT EVER IN U.S. AF				1212		USA		
1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AF I YES 2 XI MAR OR DATES		If yes, s	cendent of Hisp/ pecify Cuben, Mexic 3 2 X NO Spec	ANIC ORIGIN? (Specify) cen, Puerto Ricen, etc.) cify:	ee or No—	14. RACE — American Indien, Black, White, etc. Specify: White		
15. DECEDENT'S EDU (Specify only highest grade		16a. DE	ECEDENT'S	USUAL OCCUPAT	ON net of working	16b. KIND OF B	USINESS/IN	NDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	- Illino	. Do NOT us	se retired.)	out or morning					
8th			Hou	sewife		Но				
17. FATHER'S NAME (First, Middle, Last)						IAME (First, Middle, Maide				
Edwin Bull						y France				
19e. INFORMANT'S NAME (Type/Print)		5	3			I Route Number, City or R		13 13		
Carole M. Johnson 1202 Whitman Dr. Glen Burnie, MD 21061										
20e. METHOD OF DISPOSITION 1 □ Burlel 2 🗶 Cremation 3 □ Ren	noval from State	20b. PLACE other p	OF DISPOS	SITION (Name of or	metery, crematory or	20c. i		- City or Town, State		
Cremation Cremation Cremation Crematory, Inc. Baltimore, MD Cremation Society Cremation Crematio										
21. SIGNATURE OF FUNERAL SERVICE D	CENSEE	1		Crema	ation S	ociety o	f Md	l., Inc.		
George E.	MacNab	b		299	Frederi	ck Rd.	Balt	o., MD 21228		
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the Liet only one ca	Belle	ouence of	and antar tha m	ode of dying, su	ch as cardiac or rea	the piratory a	Approximate interval Between Onset and Death		
Sequentially list conditions, if any, leeding to immediate ceuse, Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO COMPLETION DE CAUSE DE DEATH? 1 YES 2 NO										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2. [] NO	HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	отней:	PLACE OF DEATH (C	Check only one) 6 Other (Specify)				
27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation		Day, Year)		BE OF 28c. IN W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOV				
3 Suicide 6 Could not be 4 Homicide determined	256. PLACE (building	OF INJURY — At he, etc. (Specify)	ome, farm,	street, factory, offi	ce	281. LOCATION (Street City or Town, Sta		per or Rural Route Number,		
one)						ue to the cause(e) end note time, date and place,		tated. the cause(e) and menner as stated.		
29b. STONATURE AND TITLE OF CERTIFIE		1 10	7	ma	29c, LICENSE N			ATE SIGNED (Month, Day, Year)		

29b. STOMATURE AND TITLE OF CERTIFIER	Sparlek	m	9c. LICENSE NUMBER	67	29d. DATE SIGNED (Month, Day, Year) \$ 5 2 6 9 0
30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (ITEM 27)	Type, Print)			
Jerah D. Skal	~ bela 8418	13+A	1312d	12	wicdong MD 21/2

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. nours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR		STATE OF MA			TMENT				MENTAL	L HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First,	Middle, Last)									OF DEATH			3. TIME OF DE	ATH
	Herbert	Mer	rica/ Her	bert (har	·lea	Mo	rica	,	MONTH	27		YEAR O	2:08	ам
	4. SOCIAL SECURITY NUMBER			B. AGE (In yrs. les		IF UNDER		IF UNDER		7. DATE	OF BIRTH		/	PLACE (State or	Foreign
	232543930		11 M 2 □ F	54	YRS.	MONTHS	DAYS	HOURS	MIN.	6/2	26/35		Ves	y)	ginia
	9e. FACILITY NAME (If not in		9b. CITY,	TOWN 0	R LOCATI	ON OF DE	ATH		9c. COUNT	TY OF D	EATH				
DIRECTOR	St. Agnes		al			Ba	ltir	nome							
입	10e. STATE	10c. CI1	Y, TOWN O	R LOCAT	ION						10d. INSIDE CI	TY			
E	Maryland	Lansdowne								LIMITS?	X NO				
FUNERAL	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CITIZ	EN OF V	WHAT COUNTRY	?
E	2937 Freew	ay						212	227			J	JSA		
3	11. MARITAL STATUS		12. WAS DECEDENT								17 (Specify Yee	or No-		— American In	dlen,
	1 Never Married 2		FORCES? 1		Ю			2 X NO			Ricen, etc.)		Speci	t, White, etc.	
BY	3 Widowed 4 Divo	rced	Kore	an War	C									Whit	е
		EDENT'S EDU		16a. DE	CEDENT'S	Work done	CUPATIO	ON est of working	0.0	16b.	. KIND OF BUS	INESS/INDU	STRY		
ᄪ	Elementary/Secondary (C		College (1-4 or 5+)	life.	Do NOT u	se retired.)	ioning inc	or or worth							
릴	12th]	Post	cal (:le:	rk			US	SPS			
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)						16. MOT	HER'S NA	ME (First, I	Middle, Meiden	Surname)			
	Herbert	R. M	erica						Hel	en N	Miller	C			
BE	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street	nd Numbe	r or Runal F	Route Numb	ber, City or Town	n, State, Zip (Code)	11	
2	Joan K.	Meri	ca	20	937	Free	ewa	v St		Bal-	timore	e. MI) ;	21227	
	20a. METHOD OF DISPOSIT			20b. PLACE								CATION — C			
	1 Buriel 2 X Cremetic		oval from State	other pla	etro	Cre	ema	tory	7. I	nc.	Ba	altir	nor	e, MD	
	21. SIGNATURE OF HUNERA	L SERVICE LI	INSEE /	WHI.		22.	NAME A	ND ADDRE	SS OF FA	CILITY .	ety o				
	200	- F	N/ NI - 1 1	12			cem	atic	n S	ocie	ety of	f Md	,	Inc.	000
1111			MacNabb											MD 21	
	23. PART I. Enter the d shock, or h		Complications that List only one caus			not enter	the mo	de of dy	ing, suc	n ss cerc	diac or respi	ratory arre	eat,	Approxi	mate Between
	IMMEDIATE CAUSE (Fit disease or condition resulting in deeth)	nel -	. Carde	ae O	er	est	2	0	ree	ebe	M.	E		Onset s	nd Death
			DUE TO (OR AS A CONSE	DUENCE C)F):		1.							
Z	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	If any, leading to imme cause. Enter UNDERLY	diate	DOE TO (C	OH AS A CONSEC	DUENCE C	HF): ./ // //	T	,						İ	
5	CAUSE (Diseese or inju		c. OUE TO	OR AS A CONSE	WENCE O	100	1					-			-
E	that initiated events resulting in death) LAS	т	Ode 10 (ON AS A CONSE	ZUENCE C	re j.								ĺ	
5月			d											1	
AL	PART II. Other significa	nt condition	e contributing to d	leeth but not i	esuiting	In the un	deriyin	g cause	given In	Part I.	24a, WAS AN PERFOR		24b	WERE AUTOPS	
음										_	1 TYES 2	NO NO		OF DEATH?	F CAUSE
핗										_				1 TES 2	NO
ä															
Y.	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL						LACE OF D	DEATH (Ch	eck only or	ne)				
SIC	1 TES 2 NO		HOSPITAL: 1 ☐ Inpetient 2 th	ER/Outpatient 3	□ DOA	OTHER		10 5 🗆 R	eeldence	8 🗆 Othe	er (Specify)				
\$										28d. DE	SCRIBE HOW II	NJURY OCC	URED		
ВУ	1 Natural 5 2 Accident	Pending Investigation	5-2	7-90		М	1 🗌	YES 2	NO						
3 Suicide 8 Could not be determined 25. Could not be determined 25. Could not be determined 25. Could not be building, etc. (Specify)											and Number	or Rurai i	Route Number,		
COMPLET	29e. CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the best of n	ny knowledge, de	ath occur	red at the t	ime, date	end place	e, end due	to the car	use(e) and mar	ner as state	d.		
OM	artical 1	ICAL EXAMINE	ER: On the basic of ex	entination end/or	investigat	ion, in my c	pinion, i	death occu	red at the	time, dete	e end place, en	d due to the	cause(i	e) end menner e	s stated.
	206. SIGNATURE AND TITLE	E OF CERTIFIE	*/					29c. LIC	ENSE NUI	MBER		29d. DATE	SIGNE	(Month, Day, Ye	er)
BE	Ville	>	500 h 11	20.	w	1		1	31	110	5	•	5/2	7/90	
2	30 WAME AND ADDRESS O	E DEDOON WA	O COMPLETED CALLS	F OF DEATH OFF	M OT Co	- 0-1-11		- 12	- 6-		_		116	1/70	

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Barone, 900 S. Caton Ave Baltimore, MD 21229 Anne M.D.

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, /3 N 1998 MAY

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BOX 13146,	executed
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DIVISION OF VITAL RECORDS, P.O.	prize on attending physician. The law requires that the death certificate be executed within
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er death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should val.	il examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			IENTAL HYGIENE		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
ETTA NE	ARENBERG			- 1	MAY 27,	1990	6:40AM M
		In yrs. last birthdwy) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
217-18-1011	□ M 2 XXF	92 YRS. MOI	NTHE DAYS	HOURS MIN.	NOV . 1, 18		POLAND
9a. FACILITY NAME (If not institution, give street			CITY, TOWN C	OR LOCATION OF DEA		9c. COUNTY	
PIKESVILLE NURSI				SVILLE		BALT	IMORE
10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	TON			10d. INSIDE CITY
MD		BAL	TIMORE				LIMITS? 1 XXES 2 NO
10e. STREET AND NUMBER		DAU		. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
2500 W. BELVEDE	יחכות שעות שכוי	015		21215			USA
	. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		C ORIGIN? (Specify Yea	or No.— 14.	RACE - American Indian.
1 Never Married 2 Married	FORCES? 1 YES	2 XXIIIO	If yes, sp	ecify Cuban, Mexican 2 1/10 Specify:	, Puerto Rican, etc.)		Black, White, atc. Specify:
3 Wildowed 4 Divorced	ii TEG, GIVE INTO OT DE		' '	ZANO Spacity.			WHITE
15. DECEDENT'S EDUCATION (Specify only highest grade com-		16a. DECEDENT'S USU	JAL OCCUPATIO	ON .	18b. KIND OF BUS	INESS/INDUS	rry
	oflege (1-4 or 5+)	(Give kind of work life. Do NOT use re		st or working			
	STATE VILLE	HOUS	EWIFE		AT	HOME	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	IE (First, Middle, Maiden S	Surname)	
JACOB SLOTK	v			ALTA UN	JKNOWN		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		oute Number, City or Town	, State, Zip Co	de)
MRS. EVA TUC	עבט	3411	ФЕРРАР	TN PD B	ALTIMORE,	MD 212	08
20a. METHOD OF DISPOSITION		PLACE OF DISPOSITION					or Town, State
1 Cyberial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	MOSES M	ONTERT	OPF		ваглтм	ORE, MD
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE /)	PIOSES P		OLULION ADDRESS OF FAC		DULLTIL	OND/ ND
► C100000	of or y	0 0 1-	SC	L LEVINS	ON & BROS.	, INC.	
WWW	- auch	100-	601	O REISTE	RSOTWN RD.	BALTO	.,MD 21215
23. PART i. Enter the diseases, or com shock, or heart failure. List			enter the mo	de of dying, auch	as cardlec or reapi	retory arreat	, Approximate interval Between
IMMEDIATE CAUSE (Final				1	//		Onset and Death
disaese or condition resulting in deeth) a	Inlinon	an edle	was.	Hrrhy	8-15		
	DUE TO (OR AS A	CONSEQUENCE OF):	///	. , /	Lig . Rhenns	x 10	/ /
b	Munorc	lerotic 1	heard	aten 4	, Kraning	the re	at alley
Sequantially list conditions, if any, leading to immediate	DUE TO OH AS A	CONSEQUENCE OF):			/		
CAUSE (Disease or injury	urote	2013; 11	neg hi	oniz;			
that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	,	,			
resulting in death) LAST	164,6	e demen	ha				
PART II. Other aignificant conditions of	ontributing to death b	ut not resulting in t	he underlyin	g cause given in i	Part i. 24s. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS
				a course Street III.	PERFOR		AVAILABLE PRIOR TO
1							
					1 TES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
						□ NO	COMPLETION OF CAUSE
			10/2-		1 TYES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
	OSPITAL:	lo	28. PI	LACE OF DEATH (Che	1 TYES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
EXAMINER? 1 YES 2 NO 1	☐ Inpatient 2 ☐ ER/Outp	entiont 3 DOA 4	THER: Nursing Hon	ne 5 🗆 Residence	1 YES 2		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER? 1 VES 2 NO 1. 27. MANNER OF DEATH	□ Inpatient 2 □ ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Nursing Hon	ne 5 - Residence	1 TYES 2		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER? 1 YES 2 NO 1	Inpatient 2 ER/Outs 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME O INJUR	Nursing Hon F 28c. IN. Y WC	IURY AT DRK? YES 2 NO	1 YES 2		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER? 1 YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	□ Inpatient 2 □ ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O INJUR — Al home, farm, stre	Nursing Hon F 28c. IN. Y WC	IURY AT DRK? YES 2 NO	1 YES 2	NJURY OCCUP	COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
EXAMINER? 1 YES 2 NO 1. YES 2 NO 1. Natural 5 Pending Investigation	Inpatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	28b. TIME O INJUR — Al home, farm, stre	Nursing Hon F 28c. IN. Y WC	IURY AT DRK? YES 2 NO	1 YES 2 ck only one) 8 Other (Specify) 28d. DESCRIBE HOW IR	NJURY OCCUP	COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
EXAMINER? 1 YES 2 NO 11 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER 10 CERTIFUNG PHYSICIAL	Inpatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	28b. TIME O INJURY	Nursing Homer Programm	DIURY AT DRIK? YES 2 NO	1 YES 2	NJURY OCCUP	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
EXAMINER? 1 YES 2 NO 11 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 14 CERTIFYING PHYSICIAL)	Dispetient 2 ER/Outs 28s. DATE OF INJURY (Month, Dey, Year) 28s. PLACE OF INJURY building, etc. (Special Control of the Section of the Sect	28b. TIME O INJUR Al home, farm, stre-	Nursing Hon F 28c. IN, Y WC M 1 et, factory, office at the time, deta	IURY AT PER STANDARY PES 2 NO	1 YES 2	NJURY OCCUP	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number,
EXAMINER? 1 YES 2 NO 11 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 14 CERTIFYING PHYSICIAL)	Dispetient 2 ER/Outs 28s. DATE OF INJURY (Month, Dey, Year) 28s. PLACE OF INJURY building, etc. (Special Control of the Section of the Sect	28b. TIME O INJUR Al home, farm, stre-	Nursing Hon F 28c. IN, Y WC M 1 et, factory, office at the time, deta	IURY AT PER STANDARY PES 2 NO	ack only one) 8 Other (Specify) 28d. DESCRIBE HOW if City or Town, State) to the cause(a) and man time, data and place, and	NJURY OCCUP and Number or oner as stated. d due to the c	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NED Rural Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	Dispetient 2 ER/Outs 28s. DATE OF INJURY (Month, Dey, Year) 28s. PLACE OF INJURY building, etc. (Special Control of the Section of the Sect	28b. TIME O INJUR Al home, farm, stre-	Nursing Hon F 28c. IN, Y WC M 1 et, factory, office at the time, deta	NURY AT THE PROPERTY OF THE PR	28d. DESCRIBE HOW IN City or Town, State) to the cause(a) and man time, data and place, an IBER	NJURY OCCUP and Number or oner as stated. d due to the c	COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO RED
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1- Netural 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	PLACE OF INJURY 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the basis of axamination)	28b. TIME 0 INJURY All home, farm, streeling, death occurred a m and/or investigation, in and/o	THEFT Nursing Hon Net 28c. IN. WY WY WY WY WY WY WY WY WY WY WY WY WY	NET SENT TO SE	28d. DESCRIBE HOW IN City or Town, State) to the cause(a) and man time, data and place, and BER	nd Number or or or as stated. d due to the c	COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO NED Real Route Number, Lause(a) and manner as stated.
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1- Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: C	PLACE OF INJURY 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the basis of axamination)	28b. TIME O RUIFE Al home, farm, streetledge, death occurred a n and/or investigation, in the country of the c	THEFT Nursing Hon Net 28c. IN. WY WY WY WY WY WY WY WY WY WY WY WY WY	NET SENT TO SE	28d. DESCRIBE HOW IN City or Town, State) to the cause(a) and man time, data and place, and BER	nd Number or or or as stated. d due to the c	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NED Rural Route Number,

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	Ë	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	tem
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	FOR STATE REGISTRAR	STATE OF MARY		TMENT OF			GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, La	Middle, Last) A Christopher M. Partoza					27	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, Dec. 3	7TN 76mr) 1989	8. BIRTNP	ACE (State or Foreign
H	98. FACILITY NAME (II not institution, gi Francis Scott				on Location of DE	EATN	9c, COL	JNTY OF OE	
5	RESIDENCE OF DECEDENT								
DIRECTOR	Md .	BAltimore	10c. CIT	Y, TOWN OR LOC E	ation ISSEX				0d. INSIDE CITY LIMITS? ☐ YES 2 🔀 NO
	10e. STREET AND NUMBER			1	of, ZIP CODE		10g. CI	TIZEN OF WH	AT COUNTRY?
BY FUNERAL	906 F. Ashbri 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	de Drive 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 ZNO	If yes, s	21221 CENDENT OF NISPAR specify Cuban, Maxica S 2 NO Specify	n, Puarto Rican,		Specify	- American Indian, White, etc.
COMPLEIED	15. DECEDENT'S I (Specify only highest gi		18a. DECEDENT'S (Give kind of life. Do NOT u	work done during n		16b. KIND	OF BUSINESS/IN	DUSTRY	
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle,	Maiden Sumame)		
	Christopher	B. Partoza			Shone	ell C	rumlou		
1 2 2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street	and Number or Rural			ip Code)	
2	Shondell Parto	za	906	F.Ashh	ridae Dr	Balti	more MA	cyland	21221
Ì	20a. METHOO OF DISPOSITION 1 Burial 2 Cremation 3 F	Removal from State	b. PLACE OF DISPO				20c. LOCATION -	- City or Tow	n, State
	4 Donation 5 Other (Specify)		Gardens	of Fait	h Cemeter	-y	BAlti	more 1	1d.
	21. SIGNATURE OF FUNERAL SERVICE	Fundalt	lone)		and address of fa nellyFune		300Mac	eAve.	21221
	23. PART I. Enter the disease.	or complications that cause	ed the death. Do	not enter the m	ode of dying, suc	h as cardiac c	or reapiretory a	rreat,	Approximete
	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. P	A CONSEQUENCE O	unc	Q				interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	b. BUE TO (OR AS	A CONSEQUENCE O	palar tax	nony	Jy	sple	616	
PHYSICIAN: MEDICAL	PART II. Other significent condi	tions contributing to death	but not resulting	In the underly	ng ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS AMMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICA	ıL		28.	PLACE OF OEATH (C)	neck only one)			
ול	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ou	tpetient 3 DOA	OTHER:	ome 5 🗆 Realdence	8 Other (Soe	cify)		
	27, MANNER OF OEATH	28a. DATE OF INJURY	28b. TIR	#E OF 28c. I	NJURY AT	· .	E HOW INJURY O	CCURED	
87 P	1 Natural 5 Pending 2 Accident Investigati	(Month, Day, Year)	IN		VORK? YES 2 NO				
	3 Suicide 8 Could not 4 Homicide determine	28a. PLACE OF INJUS building, atc. (Sp	RY — At home, farm, ecify)	street, factory, of	lica	281. LOCATION City or Toxi	(Street and Numb in, State)	er or Rural Ro	ute Number,
COMPLEIED	one)	HYSICIAN: To the best of my kno MINER: On the beels of examinet							and manner as stated.
n n	29b. SIGNATURE AND TITLE OF CERT	IFIER 7	7+		29c. LICENSE NU		29d. DA	TE SIGNED	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETEO CAUSE OF C	DEATH (ITEM 27) (Typ	e, Print)		*	ten.	N	'eng
	31. DATE FILED (Month, Day, Year) MAY 3 01990	2. REGISTRAR'S SIG	MATURE			-	-		

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RECORDS	. same direct that the
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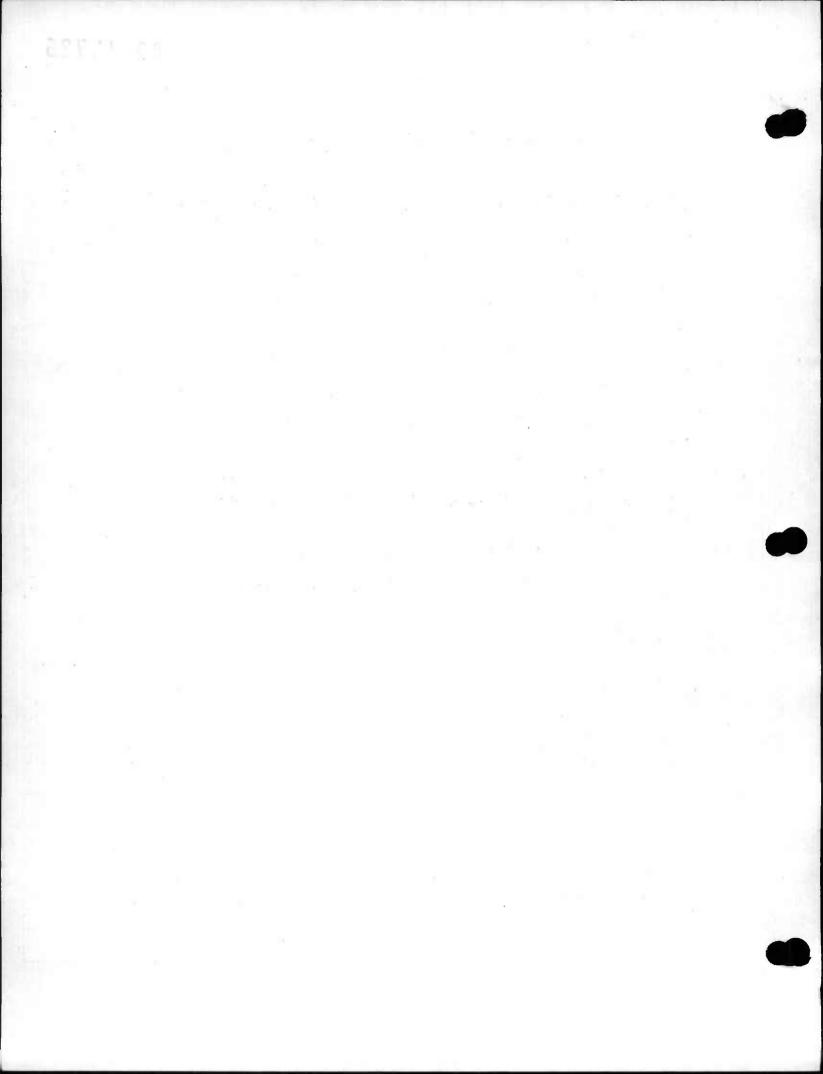
I THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transis permit. Pages 1, 2, 3	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	MPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
10	101	be fi	IMP

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH	
	Alma Ceceli	a Pfeif	fer			5-25-9	YEAR		
	4. SOCIAL SECURITY NUMBER		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign		
- 1				ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	intry)	
- 1	216-09-9556	1 □ M 2 🖾 F 9	3 YRS. "			11-22-9	6 I	Baltimore,Md.	
- 1	9e. FACILITY NAME (If not institution, give s	treet end number)	9	b. CITY, TOWN	OR LOCATION OF OE	ATN	9c. COUNTY OF	DEATN	
Œ	2425 E. Norther	n Parkway -	21214	Ba1t	imore				
6	RESIDENCE OF DECEDENT	11 1 42 14 14 14							
	10e. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?	
E	Maryland			Balti	more				
41	10e. STREET AND NUMBER							1 MY YES 2 NO	
₹		D 1		1"	oi. ZIP CODE 2121	1.7.		S.A.	
FUNERAL DIRECTOR	2425 E. North	iern Parkway			2121	14	0.,).A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			IIC ORIGIN? (Specity Ye	or No 14. R/	ACE — American Indien, ack, White, atc.	
F	1 Never Merried 2 Merried	FORCES? 1 YES			pecify Cuben, Mexican S 2 NO Specify			ecity:	
B⊀	3 Widowed 4 Divorced							White	
ا بی	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S US	UAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INOUSTRY	,	
E	(Specify only highest grade		(Give kind of wor	k done during n	ost of working				
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)				Hachaa	hild Kol	-n	
2	6th GRade		Office					.111	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					ME (First, Middle, Malden			
BE (George Parks	Bailey			Ella	Virginia	Cole		
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rural F	Route Number, City or Tox	n, State, Zip Code)		
2	Ethel M. Slaughte	ar				altimore,M		5 I	
	20e, METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Rem	oval trom State	other place)				CATION — City or	A STATE OF THE PARTY OF THE PAR	
- 11	4 Donation 5 Other (Specify)		Dulaney		Memoria:		Cockeys	ville,Md.	
- 0	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		22. NAME /	AND ADDRESS OF FAC	CILITY	6415 BF	lair Road	
- 8	*Kathland	h h		l	0 10111	Τ	0		
	- Francisco /	1). Muys			C. Mille			re,Md21206	
	23. PART I. Enter the diseases, or a shock, or heart failure.			enter the m	oda of dying, auci	n as cardiac or resp	iratory arrest,	Approximate Interval Between	
- 1	IMMEDIATE CAUSE (Finel	1		/	10 1	11.	Lotor	Onset and Deeth	
	disease or condition resulting in death)	(1)		81.	Leury	-Atco	alay	1c 4 J month	
	readiling in death)	DOE TO JOH AS	A CONSEQUENCE OF)	//		1	4 4	1	
_									
6	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)								
E	If any, leading to immediate cause. Enter UNDERLYING								
2	CAUSE (Disease or Injury	c							
쁜	that initiated evants resulting in daeth) LAST	OUE TO (OR AS	A CONSEQUENCE OF):					i I	
H	resulting in oseth) LAST	d							
ਹ	DART II Oshar alas Marat and Malas			4				1	
EDICAL CERTIFICATION	PART II. Other significant condition	a contributing to daeth	but not reaulting in	tha undariyi	ng cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
일	## CUX					1 _ YES	2 DNO	COMPLETION OF CAUSE OF DEATH?	
	/ / / /							1 YES 2 NO	
2									
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL								
ਹ	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH ATT	eck only one)			
S	1 UYES 2 NO	1 - Inpetient 2 - ER/Ou			me 5 Residence	8 Other (Specify)			
Ĭ	27. MANNER OF OEATN	28e. DATE OF INJURY (Month, Day, Year,		OF 28c. II	IJURY AT	28d. DESCRIBE HOW	INJURY OCCURED		
	1 Natural 5 Pending	(MONUL, Day, Idal)	, inso		YES 2 NO				
BY	2 Accident Investigation	28s. PLACE OF INJUI	RY — At home, farm, str	est tectory off	Ice	28t, LOCATION (Street	and Number or Bu	rel Grude Number	
	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Sp		,,,		City or Town, State)	a roote nonzer,	
COMPLETE									
7	29e, CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my kno	wiedge, death occurred	at the time, da	le end place, end due	to the cause(e) end ma	nner ee stated.		
2	ann)	R: on the basie of examinat	ion end/or investigation.	In my opinion,	death occured at the	time, date end piece, e	nd due to the ceu	se(e) end manner ee stated.	
8			1					1 1	
BE	296 SIGNATURE AND TITLE OF CERTUTE	1 1/1	1		29c. LICENSE NUI	WBER	29d. DATE SKI	ED (Monte Day, Year)	
	Jauren 5 14	Ul, 74/6	41		0/2	809	15/2	140	
2	30. NAME AND ADDRESS OF PERSON MA	O COMPLETEO CAUSE OF	DEATN (ITEM 27) (Type, F	rint)	10	00 .	5/	/ 1.	
	1 1/1	and IFT	1 61	1 /20	V Na le	1300	Boldfin	11 /71121	
	GALLYDER. NY	III VII / MA	Y	L A APPENDIX				I All al All I al	
	31. DATE FILED MAN SON MANIE	A2 RECISTOROS CI	NATURE	1 100	1 navec	-Bora,	actin	ros Nansa	
	31. DATE FILED MAY 300 190	A2. REGISTRAR'S SIC		· roc	<u>narec</u>	Bova	-acc in	CORN & SO	
	31. DATE FILED MAY 300 19	A2. AIGISTRÁR'S SIC		, 100	narec	es va	2011111	LOZI (4 2 1 3)	

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSICI	TO THE FUNERAL DIRECTOR: After this cert be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked, o

REGISTRAR 1. DECEDENT'S NAME (First	t. Middle, Last)			CERTI	CAI	L OF	DEA	117	2. DATE O	REG. NO		1 3	TIME OF DEATH.
	100	1/4/11	1	1	Dex	2 1	- 1/		MONTH	VZ	AY /	YEAR	1240
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (in	yrs. lest birthdey	IF UND	R 1 YEAR	IF UNDER	24 HRS.	7. DATE Q	BIRTH	011	6. BIRTHPL	ACE (State or Foreign
217-05-581	9	1 🔯 M 2 🗌 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year) 2/05		Country)	LAND
9a. FACILITY NAME (If not in		street and number)	1 00		9b. CIT	Y, TOWN	OR LOCATI	ON OF D		2/05	9c. COU	NTY OF DEAT	
1329	11	m.ov	5	/	1.5	2/	10.	al.	ALCON	1-1	11		10000
AESIDENCE OF DEC	CEDENT	mov	TL1 2	-3 n	عار ۷		rey	7	0011	11	100	ono	80 me
10e. STATE	10b. COUNT	Υ		10c. C	ITY, TOWN	OR LOCAT	TION			V		Ge	d. INSIDE CITY
MD.	MONX	SOMERXXX	X	82	KAEK	XXXX	XNK	BAL	TIMOR	E		1	YES 2 NO
10e. STREET AND NUMBER						10	. ZIP COD	E			10g. CITI	ZEN OF WHA	AT COUNTRY?
2530 EDG	ECOMB	CIRCLE					212	15			II	S.A.	
11. MARITAL STATUS		12. WAS DECEDE	NT EVER IN	U.S. ARMED	13	. WAS DEC		-	NIC ORIGIN?	(Specify Yes			American Indian.
3 Widowed 4 Div		FORCES? IF YES, GIVE				If yes, sp		in, Mexica	in, Puarto Ric			Specify: BLAC	American Indian, Vhita, atc.
15. DEC	CEDENT'S EDU	CATION		16a. DECEDENT					16b. F	(IND OF BU	SINESS/IND		
(Specify on Elementary/Secondary (ly highest gradi	completed) College (1-4 or 5	(4)	(Give kind o	f work done use retired.	during mo	st of worki	ng					
	, ,		"										
Elementary/Secondary (17. FATHER'S NAME (First, A	Aiddle, Last)						18. MOT	HER'S NA	ME (First, Mi	ddle. Melden	Surname)		
FREDERICK	T.FONZ	O PINDER							BOYE				
19a, INFORMANT'S NAME (OTINDER		19h MAILII	IG ADDRE	RS /Street			Route Numbe		n State 7k	Codel	
HENRIETTA		(anoug	۵)										-
20a. METHOD OF DISPOSIT		(spous		PLACE OF DISP					, Bal			2121	
1 🗆 Burial 2 🗆 Cremett	on 3 🗆 Ren	noval from State	200.	other place)	OSTITUM (I	rame or ce	metery, crer	natory or		20c. LC	CATION	City or Town	, State
4 N Donation 5 Other		OF WAR			1								
21. SECHNIQUE OF PUNCH	IL SERVICE LI	CENSEE	1		22	. NAME A	ND ADDRE	SS OF FA	CILITY				
1 Jun	What		Well	_5:29	90	C m z m	E AN	л пом	V DON	DD D	AT IIIO	, MD.	21201
23. PART I Enter the c	liseases, or	complications th											Approximate
iMMEDIATE CAUSE (Fi disease or condition resulting in death)	nel	a. OUE T	O (OR AS A	CONSEQUENCE	€ 7 OF):	4/0	(3,	(Ci)	nor	nd.		Interval Between Onset and Da
Sequentially list condi- if any, leeding to imme- cause. Enter UNDERLY CAUSE (Disease or inj- that initieted events resulting in death) LAS	diate	b. OUE TO	O (OR AS A	CONSEQUENCE	OF):	2 0	14		100	1/2	to		134 v
CAUSE (Disease or injusted initiated events resulting in death) LAS		C. DUE T	O (OR AS A	CONSEQUENCE	OF):								
		d											-
PART II. Other signific	1.	ns contributing t	o death bu	it not resultin	g in the c	ınderiyin	g cause	given in		PERFO	RMED?	A C	ERE AUTOPSY FINDING WALLABLE PRIOR TO OMPLETION OF CAUS F DEATH?
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	TO MEDICAL					26. P	LACE OF D	DEATH (C)	eck only one)			
EXAMINER?		HOSPITAL:	☐ EB/Outpu	ttlent 3 🗆 DOA	OTHE	R:			6 🗌 Other				
27. MANNER OF DEATH		28a. DATE C			IME OF	_	JURY AT	amounce		RIBE HOW	INJURY OC	CURED	
1 Netural 5	Pending	(Month,	Day, Year)	- 2	NJURY	W	YES 2	NO.					
2 Accident 3 Suicide	Investigation	28e, PLACE	OF INJURY	— At home, fam	alreat fo				28f LOCA	TION /Street	and Alumba	r or Rural Rou	to Mumbar
4 Homicide	Could not be detarmined	bulldin	g, etc. (Speci	fy)					City or	Town, State)	0 100	in itempos,
one)	DICAL EXAMIN	ER: On the best of					Seath occu		time, data a		nd due to ti	he cause(a) a	nd manner as state
38 NASSE AND ADDRESS O	OF PERSON W	HO COMPLETED CA	USE OF DEA	TH (ITEM 27) (7)	pa, Frint)	3>	10	09	71	0	1	272	199
31. DATE FILED (Month, Day	(Year)	32, REGISTI	RAR'S SIGNA	TURE									



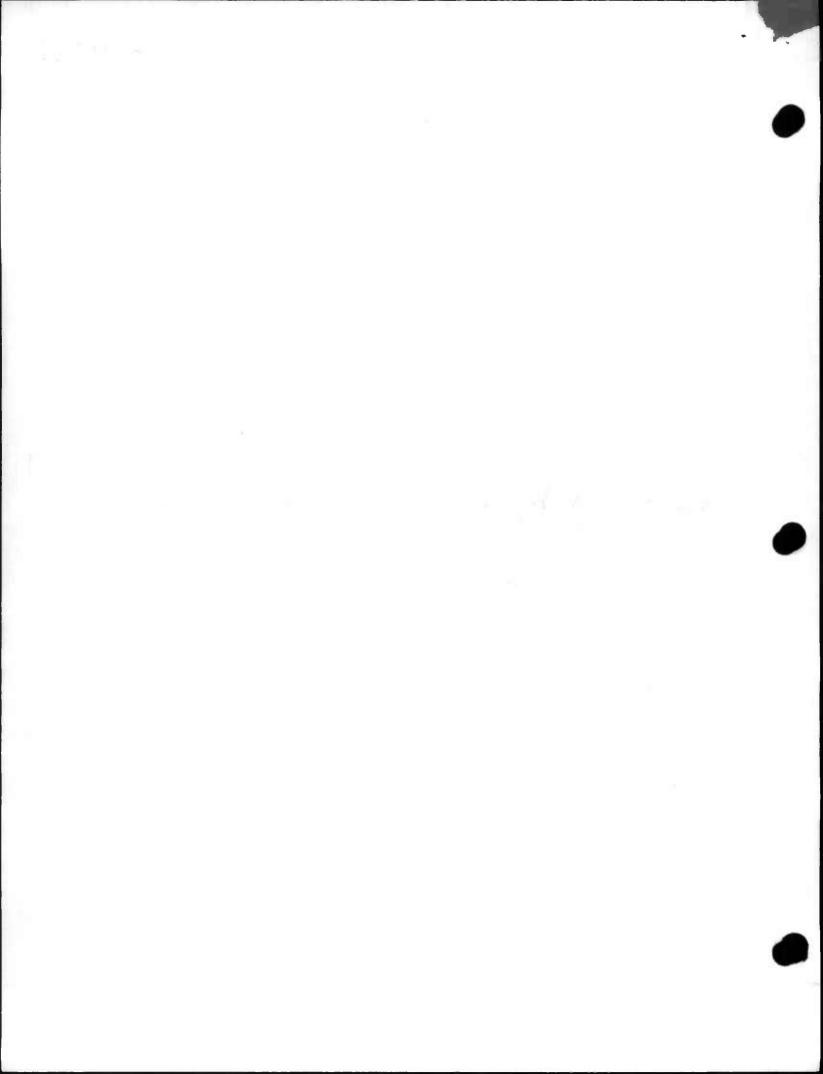
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1 - STATE REGISTRAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG.	VO.					
	1. DECEDENT'S NAME (First, Middle, Lest) HELEN RHOTEN				2. DATE OF DEATH MONTH	DAY 27	YEAR 90	3. TIME OF DEATH 21:35 M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In y	rs. last birthday) F	UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHE	PLACE (State or Foreign			
	220-32-3605 1 M 2 T F 99. FACILITY NAME (If not institution, give street and number)	85 YRS.	NTHS DAYS	HOURS MIN.	(Month, Day, Year 2-22-0	5	Country	Md.			
~	96. FACILITY NAME (If not institution, give street and number)	96	L CITY, TOWN	OR LOCATION OF DE	ATH	9c. COU	NTY OF DE	ATH			
DIRECTOR	Mason Lord Center		Balto								
E E	10e. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCA	TION				10d. INSIDE CITY			
E I	Md. Balto.							LIMITS? 1 YES 2 NO			
<u> </u>	Md. Balto.		1	of, ZIP CODE		10a. CIT		HAT COUNTRY?			
FUNERAL			-		,	109.011					
N N	8638 Willow Oak Ave. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.	e ADMED	I so une pe	2123 CENDENT OF HISPAN		Marcha Ma		— American Indian,			
	1 Never Married 2 Married FORCES? 1 YES	2 X NO	If yes, s	pecify Cuban, Mexico	n, Puerto Ricen, etc.		Black,	White, etc.			
ВҰ	3 ☑ Widowed 4 □ Divorced IF YES, GIVE WAR OR DATE	S	1 TYE	\$ 2 🛣 NO Specify	:	_	Specify	w White			
	15. DECEDENT'S EDUCATION 16	e. DECEDENT'S USI	JAL OCCUPAT	ION	16b. KIND OF	BUSINESS/INI	DUSTRY				
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during n	ost of working							
7		Homemaker									
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	Tomemaker	-	18. MOTHER'S NA	WE (First, Middle, Ma	den Sumeme)					
				200 12 20 20 10 10	Paulmer	,					
BE	Samuel Keller 190. INFORMANT'S NAME (Type/Print)	195 MAILING AO	ORESS (Street	and Number or Rural F		Trum State 7	n Codel				
임	MAS A DOMESTIC CONTROL OF THE CONTRO										
	Sterling W. Rhoten 20a. METHOD OF DISPOSITION 20b. P	LACE OF DISPOSITION		Ave. Bal		LOCATION —		Otata			
	1 Burial 2 Cremation 3 Removal from State	ther place)			200						
	4 Donation 5 Other (Specify) (GArdens c		Lh and address of Fa		Balto	., Mc	1.			
1	O O O O O O O O O O O O O O O O O O O			C. Mille							
V	Sloman & modely	7		Belair R		., Md.	2120	06			
	23. PART I. Enter the diseases, or complications the coused to shock, or heert failure. List only one cause on each IMMEDIATE CAUSE (Finel	h line.	enter the m	ode of dying, suc	n es cerdiec Dr n			Approximate Interval Between Onset and Death			
	disease or condition resulting in death) • Play intury and the hypothesia but to (or as a conscouence of): Sequentially list conditions, Out to (or as A conscouence of): Out to (or as A conscouence of): Out to (or as A conscouence of):										
	DUE TO (OR AS A CONSEQUENCE OF):										
Z	Sequentially list conditions, of the man gastro intestinal seeding										
Ĕ	it any, reading to inimediate	ONSEQUENCE OF:			X						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury										
	thet initieted events OUE TO (OR AS A Co	ONSEQUENCE OF):									
H	d.										
3	PART II. Other significent conditions contributing to death but	not resulting in t	the underlyi	ng ceuse given in		AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS			
EDICAL	dementa					FORMED?		AMAILABLE PRIOR TO COMPLETION DF CAUSE			
	Control of the contro				¹ U YE	S 2 NO		DF DEATH?			
Σ					—			1 Tes 2 No			
AN	25. WAS CASE REFERRED TO MEDICAL	-		N AGE OF DETTO							
PHYSICIAN: M	EXAMINER? HOSPITAL:		THER:	PLACE OF DEATH (Ch				<u> </u>			
YS	1 Tyes 2 No 1 Inputert 2 ER/Outpatt	ent 3 DOA 4	Nursing Ho	me 5 Residence							
PH	27. MANNEP OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y	JURY AT /ORK?	28d. DESCRIBE H	OW INJURY O	CURED				
β	2 Accident Investigation			YES 2 NO							
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — building, etc. (Specify,		et, factory, of	ice	281. LOCATION (St. City or Town, S		or or Runal A	loute Number,			
	4 Homicide determined										
COMPLETED	29e. CERTIFIER (Check only the CERTIFYING PHYSICIAN: To the best of my knowled	ige, death occurred a	at the time, de	te end place, and due	to the cause(s) and	menner as sta	sted.				
N	one) 2 MEDICAL EXAMINER: On the basis of examination a	nd/or investigation, I	in my opinion,	desth occured at the	lime, date and plac	, end due to t	the ceuse(s)	and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	ABER	29d, DA	TE SIGNEO	(Month, Day, Year)			
B	his I no			D 37	464	•	5/7	8/92			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, Pri	int)	A	D OT:		210	71			
	31. DATE FILED (MONTH), Day, Your) D 32. REGISTRAR'S-GIGNAT	5200 E	casten	rve.	Dall	rove,	21	24			
	31. DATE FILED (Month, Day, Year) 0 1990 June Duride	Mary Mary									



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OR ATTENDING PHYSICIAN:

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Ruffins Antoine 5-23-90 5:57PM 5. SEX 4 SOCIAL SECURITY NUMBER 7. DATE OF SIRTH (Month Day, Val) 6/26/78 6. AGE (In vrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. SIRTHPLACE (State or Foreign DAYS HOURS Maryland 1 M 2 F 11 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY. TOWN OR LOCATION OF DEATH Baltimore City DIRECTOR Johns Hopkins Hospital RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY ₩ YES 2 NO MD Baltimore 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 2300 Edewing Court 21237 USA 12. WAS DECEDENT EVER IN U.S. ARMED SORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Slack, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1X Never Married 2 Married BY Black 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Student once. 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William Ruffin Cynthia Bennett F BE notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Cynthia Bennett 2300 Edewing Court, Baltimore, MD 21237 pe 20s. METHOO OF OISPOSITION
1/O Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, Stata must Mt. Zion Cemetery Baltimore, Maryland 21. SIGNATURE OF PUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY examiner March F/H West 4300 Wabash Avenue medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on sech line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel the disesse or condition Multiple injuries resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): has been signed by the attending physician a. Dept. of Health and Mental Hygiene prior to 1 i. 23 shows any Injury, or other trauma cause. Entar UNDERLYING CAUSE (Disesse or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMEO? PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b, WERE AUTOPSY FINDINGS MEDICAL Ib. WERE AUTOPSY FINDING
AVAILABLE PRIOR TO
COMPLETION OF CAUSE
OF DEATH?
YES 2 NO XXX YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Tea EXAMINER? HOSPITAL: 1 Inpatient 2 DER/Outpatient 3 DOA OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF OFATH 28e. DATE OF INJURY 284 DESCRIBE HOW INJURY OCCURED 28h TIME OF 26c. INJURY AT WORK? marked, 5 - 23 - 9 0 (4:30PM 5 Pending Investigation Pedestrian struck by pick-up 1 Natural 1 YES 2 X BY XX Coldent 28f. LOCATION (Street and Number or Rural Route Number, truck I-95,55. See 60.8 marker, ,Balto TO THE FUNERAL DIRECTOR: After the filed within 72 hours after deal IMPORTANT: If Item 28 Is m 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 6 Could not be datermined COMPLETED Road 4 Homicide Malyland

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. ATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 5-24-90 **OCME** 2 IO COMPLETED CAUSE OF DEATH JIVEM 27) (Type, Print)

111 Penn Street, Baltimore, MD 21201

d by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS. P.O. BOX 13146.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The Hospital OR ATTENDING PHYSICIAN: The law requires that the death of the law or the burief promise points. Prove 1 or should be described for the purisit proved from the provided for the purisity provided from the purisity provided from the purisity provided from the purisity provided from the purisity provided from the purisity provided from the purisity physician.	To The Professor, After the Settlinger has been signed by the authority by the current man and the settling of the settling by the current professor in a comparation of the settling by the current professor in a comparation of the settling by the current professor in a comparation of the settling by the current professor in a comparation of the settling by the settling by the current professor in a comparation of the settling by the settling
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14729 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH halles 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH NMI SEL BY 27A M VI 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F YRS 9c. COUNTY OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10d. INSIDE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 1 YES 2 NO FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP CODE 121 SA 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE - American Indien, Black, White, stc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 Never Merried 2 Merrie IF YES, GIVE WAR OR DATES 1 YES 2 JANO Specify: Specify: Black (BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of murillarine during most 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of world) (0-12) College (1-4 or 5+) 1514 17. FATHER'S NAME (First) 16. MOTHER'S NAME (First, Middle, ec BE 194. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and No 5)a+ 20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Nat 4 🗆 Donation 5 🗆 Other (Specify) 21. SIGNATURE OF FUNERAL BERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Seff MI PK 23. PART I. Enter the diseases or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 6/ BY PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata couse. Enter UNDERLYING RONIC CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 561-11180

	e 2/30/	1 □ YES 2 1 NO	OF DEATH? 1 YES 2 NO						
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTH	26. PLACE OF DEATH (C						
7. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED					
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, term, street, f	ectory, office	261. LOCATION (Street and Number or Rural Route Number, City or Yown, State)					

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. (Check only one)

2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end menner ee stated.

	ACCESSED TO A SECTION AND A SE	- Collin A- Octobrilla Collins	
96. SIGNATURE AND TITLE OF CERTIFIER	29c. Ll	CENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

Aug R. Keyp MD	151		5/	9	0
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JEU. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH (I)	TEM 27) (Type, Print)						
MALLY DE MA	4 42		SOUTH	GROOM	10 St	BN	- 11	8

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

Rainlan Rondo -MAV Q

1. - R Keyp 11.

31. DATE FILED (Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL CHECKTOR: After this certificial has been signed by the handling physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits the permits of the	be filed within 72 hours are cealth with the State Dept. Or regain and wenter highers prior to contact, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA				IEALTH AND I	MENTAL HYGI REG.				
	1. DECEDENT'S NAME (First, Middle, Last)	C SomtER), 1-114			1 + 00	2. DATE OF DEATH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5	SEX 6. AGE (In	yrs. last birthday)	IF UNDER	5	UMTER	7. DATE OF BIRTH	26 9	O Q .' 2 A M		
	214-24-6023	OM2 XE GS	yrs. Hist Dirthday) YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year	-24	S.C.		
TOR	99. FACILITY NAME (If not institution, give stree UNIVERSITY OF RESIDENCE OF DECEDENT	*	HOSP.			IMORE C		9c. COUNT	Y OF DEATH		
DIRECTOR	10a. STATE 10b. COUNTY		100	TY, TOWN		CITY			10d. INSIDE CITY LIMITS? 1 FR YES 2 - NO		
FUNERAL	100. STREET AND NUMBER 501 WEST DOLP	HIN ST. AF	T.121	5	10	21217			N OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 MNO		If yes, sp	ENOENT OF HISPAN ecify Cuben, Mexical 2(7) NO Specify	n, Puerto Rican, etc.	Yes or No— 1	e. RACE — American Indian, Black, White, etc. Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementery/Secondery (0-12) 8 th Grade	TION mpletiid) College (1-4 or 5+)	16a. DECEDENT: (Give kind al Ma. Do NOT	work done use retired.)	during mo	est of working		Business/indus	STRY		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Mack Wi	lliams				18. MOTHER'S NAI	ME (First, Middle, Mei elle	den Sumame)	Cook		
TO B	190. INFORMANT'S NAME (Type/Print) Beatrice	Matthews				and Number or Rural F Zk St./			ode) 2. 21230		
	20s. METHOD OF DISPOSITION 1-C-Burlel 2 Cremetlon 3 Remove 4 Donution 5 Other (Specify)	al from State	other place)			metery, cremetory or emeteru		LOCATION — CI	ty or Town, State		
	21. SIGNATURE OF FUTURE LICEN	Thron	·)	22.	NAME A	ND ADDRESS OF FA	CILITY		NORTH AVE.		
	23. PART i. Enter the diseases, or cor ahock, or heart fallure. List			not enter	the mo	de of dying, suc	h as cerdiac or re	epiratory arre	Approximate Interval Between Onset and Death		
z	disease or condition a. 7 Diabetic schuce Candlongs puring DUE TO (OR AS A CONSEQUENCE OF): History of Weakleular tach yeardig										
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE	OF):			/				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	OF):			_		4		
-,	PART II. Other significant conditions	contributing to death bu	t not resulting	in the u	nderlyin	g cause given in	Part I. 24a. WA	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	Plabetes ty	pe II - ins	nen de	peno	lent		1 TYE	FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
N.											
ICIA		HOSPITAL:		OTHE		LACE OF DEATH (Ch	eck only one)				
HYS	1 DES 2 NO 1 27. MANNER OF DEATH	28e. DATE OF INJURY	28b. Ti	ME OF		JURY AT	6 Other (Specify) 28d. DE\$CRIBE H	W INJURY OCCL	PRED		
ВУ Р	Natural 5 Pending	(Month, Day, Year)		AJURY M		YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	— At home, farm ly)	, street, fac	ctory, offic	20	28f. LOCATION (St. City or Town, S		r Rural Route Number,		
COMPLETED	cont only	AN: To the best of my knowle On the basis of examination							i. couse(e) and menner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	N. 10-C	00			29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Morth, Day, Year)		
2		COMPLETED CAUSE OF DEA	- ()	/		ב טבעו	-/	1. 3	120/10		

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32. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOA 13146, BALLIMONE, MANTERIND 21203-3140	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the determined by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If liem 28 is marked, or item 23 shows any injury, or other dramatic event, the medical examiner must be nothing at once.
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	FOR 1 - STATE	STATE OF MAR			T OF HEALTH AND E OF DEATH			90 1473
	1. DECEDENT'S NAME (First, Middle, Last)	e D.	0.0	FLEMAN		2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 237-30-2567	·	GE (In yrs. last	,,		7. DATE OF BIRTH (Month, Day, Year,	I a	BIRTHPLACE (State or Foreign Country) N.C.
S. S.	CHURCH HOSPITA	AL CORPORI	ATION		TIMORE CI		9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MD.	Υ		10c. CITY, TOWN	OR LOCATION	Y		10d. INSIDE CITY LIMITS? 1 ¥YES 2 ☐ NO
FUNERAL	100. STREET AND NUMBER 1416 N. DECKE	R AVE			10f. ZIP CODE 2/2/2			OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 V N		WAS DECENDENT OF HISPA If yea, specify Cuban, Maxic 1 YES 2 NO Speci	an, Puarto Rican, atc.)		RACE — American Indian, Black, White, stc. SpecifyB L A C K
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 8 th GRADE		(Gh	CEDENT'S USUAL Cover kind of work done Do NOT use retired.	during most of working	16b. KIND OF	BUSINESS/INDUS	TRY
BE CON	17. FATHER'S NAME (First, Middle, Last) GEORGE SPELL	MAN				AME (First, Middle, Mail MIE	den Surname)	
TO E	190. INFORMANT'S NAME (Typo/Print) CAROL SPELL	MAN			S (Street and Number or Rural N. DECKER			MD. 21213
	20a. METHOD OF DISPOSITION 1 💢 Buriel 2 □ Cremation 3 □ Rer 4 □ Donation 5 □ Other (Specify)	noval from Stata	20b. PLACE (OF DISPOSITION (A	lame of cometery, crematory or _L CEMETER		LOCATION — City ANNE AR	CUNDEL CO, MD
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	(-)	"	NAME AND ADDRESS OF F		1101 E.	NORTH AVE.
	23. PART I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	. List only one cause of	on eech lina		r the mode of dying, eu CARCI'M LUMGS			intarval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	C	AS A CONSEC					
PHYSICIAN: MEDICAL CERT	PART II. Other significant condition	d.	nth but not n	esulting in the c	indarlying cause given i	PER	S AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Moutantiant 2	отн				
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJ (Month, Day,)	URY	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HO	W INJURY OCCUR	RED
COMPLETED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28a, PLACE OF IN		me, farm, atreet, fa	ctory, office	281. LOCATION (Str. City or Town, S		Rural Route Number,
PLE	(Crieck Orny				time, data and place, and di			
OM	2 MEDICAL EXAMI	VER: On the besis of exami	instion and/or	Investigation, in my	opinion, death occured at ti	ne time, data and place	a, and due to the c	cause(a) and manner as stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SOARES

100 N- BROADWAY

BAUT. 111.2123

*

TO THE HYSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fler death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached fined within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Frank J. J 31. DATE FILEO (Month, Day, Year) MAY 3 U 1990

	FOR 1 - STATE REGISTRAR	STATE OF MARY		EPARTMEN'			MEN.	TAL HYGIENI REG. NO.		90	14	132	2
	1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH			TIME OF OE	ATH	
	ERIC S	EAN	SWI	ECICKI			I MC	DATH DA	9	YEAR	1:16	AN	R
	4. SOCIAL SECURITY NUMBER		(In yrs. last bi		A 1 YEAR	IF UNDER 24 HRS.	7. DA	ATE OF BIRTH fonth, Day, Year)	1	. BIRTHPL Country)	ACE (State or i	^c oreign	_
	529-35-8358	1 XXX 2 □ F	19	YRS. MONTHS	DAYS	HOURS MIN.		T. 10.	1970		INOTS	3	
	Se. FACILITY NAME (If not institution, give e	treet end number)		9b. CIT	Y, TOWN O	R LOCATION OF D			9c. COUNT				
DIRECTOR	University Hosp	oital			Bal	timore							
Ä	10e. STATE 10b. COUNTY	r		10c. CITY, TOWN	OR LOCAT	ION				10	d. INSIDE CIT	Υ	-
	VIRGINIA F	AIRFAX		FAI	RFA	X				1	YES 2	NO	
FUNERAL	10e, STREET AND NUMBER				101	ZIP CODE			10g. CITIZE	EN OF WHA	AT COUNTRY?		
H	12336 FOX LAK					22033			U.	S.	Α.		
5	11. MARITAL STATUS 1. Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARME	ED 13.		ENDENT OF HISPAI			or No-		- American Inc	ilen,	
BY	3 Widowed 4 Olvorced	IF YES, GIVE WAR OR I	DATES TE			2 NO Specif				Specify:	WHITE		
	15. OECEDENT'S EDU	CATION	T 40- DEOF	DENT'S USUAL O	004184710			18b. KIND OF BUS		OT TON			_
1	(Specify only highest grade	completed)	(Give	kind of work done o NOT use retired.)	during mo	at of working			ARTMI		OF		
2	Elementary/Secondary (0-12) N A	College (1-4 or 5+) NA	1			P.OPERA	Th		ANSP		-		
COMPLETED	17, FATHER'S NAME (First, Middle, Last)	1121	11110	1111111 1	QDI.		_	rst, Middle, Maiden		JILLI	TION	_	-
Ö	KENNETH ANTHO	NY SWIECIC	KT					ET LOU		RENN	ETT		
BE	19e. INFORMANT'S NAME (Type/Print)	(FATHER)		MAILING ADDRES	S (Street e	nd Number or Rural					<u> </u>		_
2	KENNETH A. SWI		12	336 FO	X L	AKE CT.	,	FAIRFA	X, VA	A. 2	2033		
	200. METHOD OF DISPOSITION	20	b. PLACE OF	DISPOSITION (A	ame of cer	netery, crematory or		20c. LO	CATION CI	ity or Town	, State		_
	1 → 3urial 2 X Cremetion 3 □ Rem 4 □ Donation 5 □ Other (Specify)	loval from State		ETRO C	REMA	TORY		BAI	TIMO	RE,	MD.		
	21. SIGNATURE OF FUNERAL BERVICE LIC	CENSEE				D AOORESS OF FA			01/70		_		Τ
	1 / green Do	L-3				MUNEK F BREHMS						1 2	
	23. PART I. Enter the diseases, or										Approxi	_	_
	ahock, or haert failure. IMMEDIATE CAUSE (Final	Liat only one cause on	aech iine.								Intarval Onset a		
	disease or condition	Multip.	le ini	iuries									
	resulting in death)	DUE TO (OR AS									1		_
z													
CERTIFICATION	Sequantielly list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
2	cause. Entar UNDERLYING CAUSE (Disease or injury	c									-		
E	that initiated events	OUE TO (OR AS	A CONSEOU	ENCE OF):									
띩		d				· · · · · · · · · · · · · · · · · · ·					 		_
	PART ii. Other significant condition	na contributing to deeth	but not res	sulting in the u	nderlyin	g ceuse given in	Part	i. 24a, WAS AN PERFOR			YERE AUTOPSY		
5								1 YES 2		C	OMPLETION OF		
Ä											YES 2	NO	
ž													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF OEATH (C	heck on	ily one)					_
/SI	1 X YES 2 □ NO	1 ☐ Inpatient 2 № ER/Ou		DOA 4 N		ie 5 🗆 Residence	8 🗆 (Other (Specify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	1	28b. TIME OF INJURY	WC	IURY AT DRK?		DESCRIBE HOW I					
BY	2 Accident Investigation	5-27-90		М		YES 2 X NO		bject f				or	_
	3 Suicide 8 Could not be	28e. PLACE OF INJUF building, stc. (Sp	RY — At home ecify)					City or Town, State)				21+0	
щ				buildi	ng			818 W. B	атсши	ore s		d.	•
COMPLETED	design and	ICIAN: To the best of my kno											
8	MEDICAL EXAMIN	ER: On the basis of examinat	ion end/or inv	vestigation, in my	opinion, o			date end place, en					
96	295 SHOWAYURE AND TITLE OF GERTIFIE					29c. LICENSE NU			29d. DATE		Worth, Day, Yes	er)	
-						OCI	ME			5-27	-90		

WHO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

Baltimore, MD 21201

111 Penn Street

22033

XX

XX

X X

U. S. A.

WHITE

DEPARTMENT OF

HIGHWAY EQUIP. OPERATOR DEREUS

12336 FOX LAKE CT., FAIRFAX, VA. 22033

METRO CREMATORY BALTIMORE, MD.

SCHIMUNEK FUNERAL HOMES, INC 3331/BREHMS LANE, BALTO., MD. 21213

MARGARET LOWISE BENNETT

Multiple injuries

KENNETH ANTHONY SWIETCEKI

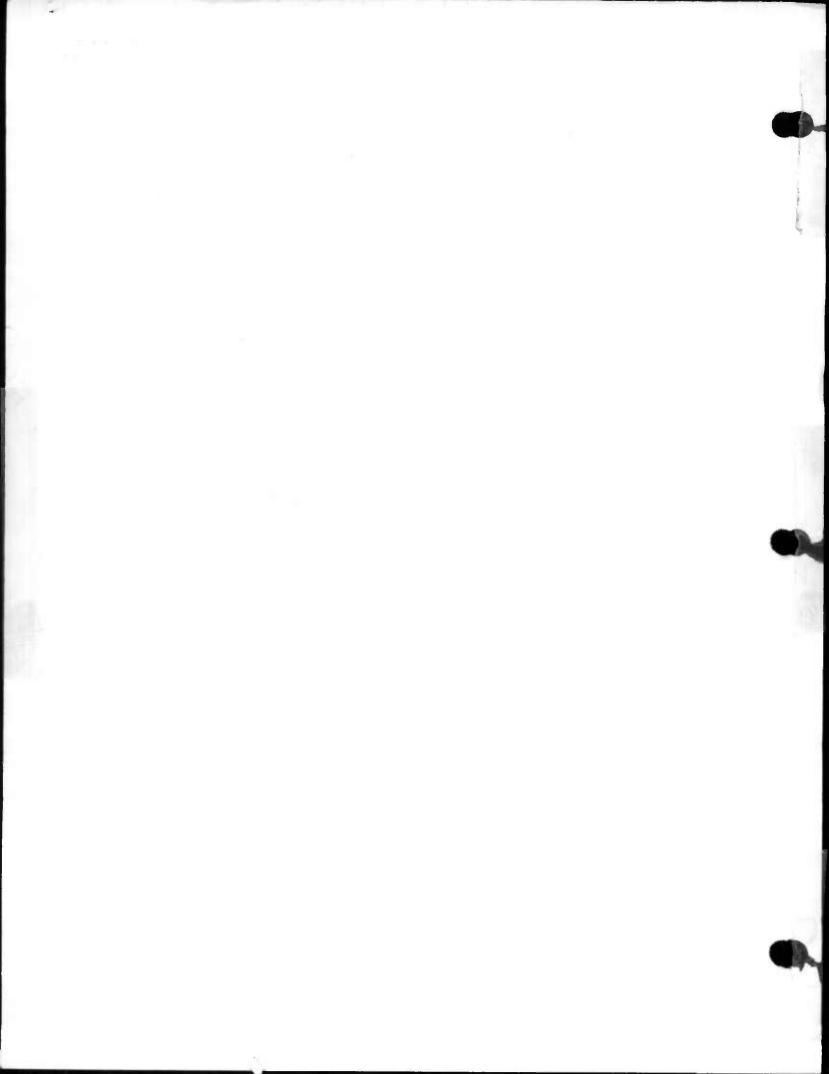
(FATHER) KENNETH A. SWIECICKI

מבוויבי וויבודי שבוויבי	or death. Page 6 may be retained by the hospi	he funeral director, page 5 should be detached	rai.	i examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.C. BOX 1315,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24mours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE OF D				3. TIME OF DEATH		
	JULIUS SIMON								MONTH DAY YEAR 05 24 1990 07:40P						
	4. SOCIAL SECURITY NUMBER	t hirthriev)	IF UNDE	A 1 YEAR	IF UNDER	A 24 HRS.					IPLACE (State or Foreign				
	M			yrs. last birthday) IF UNDER 1 YEAR IF UNDER 1 MONTHS DAYS HOURS			MIN.	(Month, Day	(Year)		Count	(γ)			
	217-26-7075	**	74	1110.					02/1	0/19		OHI			
_	9a. FACILITY NAME (If not institution, give st						OR LOCATI	ION OF DE	ATH						
6	GREATER BALTIMORE	MEDICAL	CENTER		T	OWS(<u>N</u>				BAL	TIMO	RE		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			1400 CCT	Y, TOWN	OR LOCA	TION				10d. INSIDE CITY				
2							IION						LIMITS?		
MARYLAND BALTIMORE BALTIMORE										600mm		1 TES ZYNO			
₹	10e. STREET AND NUMBER			101. ZIP CODE					10g. CITIZEN OF				WHAT COUNTRY?		
FUNERAL	8 PRINCE GEORGE	21207									USA				
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? V	EVER IN U.S. AR									14. RAC Blac	ACE — American Indian, lack, Whita, atc.		
BY	I Never Married 2 Warried FORCES? XV YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, atc.) Specify: Specify: Black, Whita, a Specify: Specify:									*WHITE					
		. F. 17 (-					1.7.01			INESS/INDUSTRY			
E I	15. DECEDENT'S EDUC (Specify only highest grade	completed)	/G	CEDENT'S ive kind of Do NOT u	work done	during m	ON ost of work	ing	16b. KIN	D OF BUS	SINESS/IN	DUSTRY			
Ш	Elementary/Secondary (0-12)	College (1-4 or 5 +)	me.	DO NOT U											
MP		5+			P	HYSI	CIST					GOV	VERNMENT		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle						
BE	BENJAMIN SIMON							BESS	IE (FI	VEST	EIN				
TO E	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRES	S (Street	and Numbe	er or Rural	Route Number, C	ity or Tow	n, State, Z	ip Code)			
F	BERNICE H. SIMON	I .		8 :	PRIN	CE G	EORG	E CT	. BALTY	D. M	D 21	207			
	20a. METHOD OF DISPOSITION		20b. PLACE other pl		SITION (A	lame of ce	ematery, cre	matory or	A PARTY	20c. LO	CATION -	- City or T	own, Stata		
	1 Self-ial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	Other pi	ace)		BNAT	TSR	AEL.			BAL	ттмо	IMORE, MD		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE				23.33	NO ADDR	ESS OF FA							
	Gleana	10 001	MA	000	اب				NSON &						
	SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215														
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate interval Between														
	IMMEDIATE CAUSE (Final											Onset and Death			
1	disease or condition resulting in death) = Respirating faulture														
	DUE TO (OR AS A CONSEQUENCE OF):														
z	2 ys.														
CERTIFICATION	Sequentieily list conditions, if any, leading to immediate	DUE TO	BR AS A CONSE	QUENCE (OF):								/		
3	cause. Enter UNDERLYING CAUSE (Disease or injury	c													
E	that initiated events	DUE TO (OR AS A CONSE	OUENCE (OF):										
E	resulting in deeth) LAST	d													
	PART ii. Other aignificant condition	ne contributing to	death but not	cocultino	In the I	ındərlyi	no cause	given in	Part I 24	WASAN	AUTOPS	v 24	Ib. WERE AUTOPSY FINDINGS		
EDICAL	Rend Fail		Jeans Dut Hot	resulting	in the c	ilideliyi	ing cause	Gradii III	Fait I.	PERFO		"	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
음	- Rent Face								1	YES	2 NO		OF DEATH?		
M									_				1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HORBITAL			07111		PLACE OF	DEATH (C	heck only one)						
Sic	1 YES 2 NO	HOSPITAL:	ER/Outpetient	3 🗆 DOA	4 N	EH: ursing Ho	me 5 🗆	Residence	6 🗆 Other (S)	pecify)					
Ŧ	27. MANNER OF DEATH														
	Netural 6 Pending Investigation	(month, of		М		YES 2	□ NO								
28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 29e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 29e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 29e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 29e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 29e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only one) 29e. MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(a) and main									and Numb	ber or Rura	I Route Number,				
									dated.						
										(a) and manner as stated.					
BE	296. SIGNATURE AND TITLE OF CERTIFIER										EU (Mgnth, Day, Year)				
0	63 L.							UL	1176			J	10//		
F	30. NAME AND ADDRESS OF PERSON W		E OF OEATH (IT	EM 27) (Ty	oe, Print)		1	UA	s. CT		1	4 20	21204.		
	- 1/1.	aller "	IF.	61	61	N		-67./	3/ .		1>1	12/0	- L L -		
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	003											
	MAY 3 () 1000	A. L. Jaines	Carpon Marian												





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 media feath. Page 6 may be retained by the hospital or attending physician.

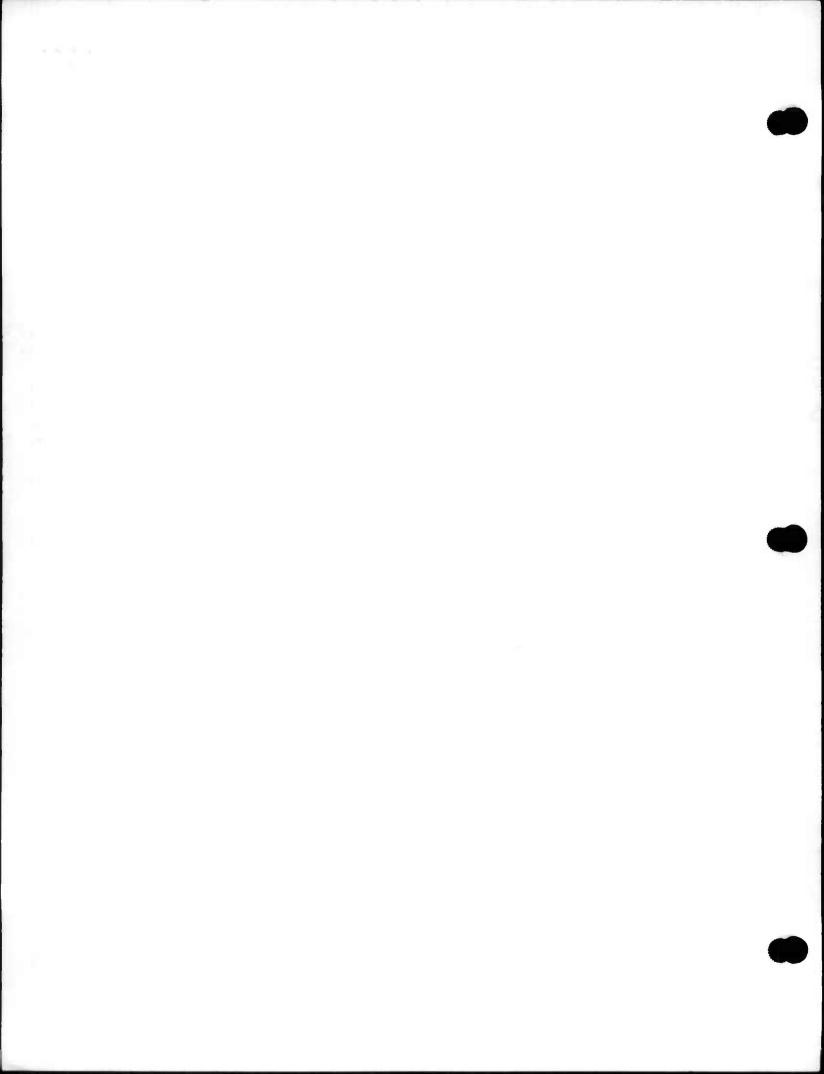
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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COMPI
TO BE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1	BABY BOY Dominick lamal SAUNDERS								2. DATE OF D MONTH MAY	ITH DAY YEAR				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest					(ay) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIT (Month, Day).				IRTH (, Ybar)	TTH 8. BIRTHPLACE (State or Foreign Country)			
OR	n/a 90. FACILITY NAME (if not institution, give street and number) THE JOHNS HOPKINS HOSPITAL 90. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY 80. COUNTY OF DEATH BALTIMORE CITY									ATH				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10b. CO			10c. CITY, TOWN OR LOCATION Balto.					10			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY			HAT COUNTRY?	
NE I	102 N Monroe St. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI				RMED 13. WAS DECENDENT OF HISPANIC			IIC OBIGIN2 (Sc	sacify Yea	— American Indian,				
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES								n, Puerto Ricen	Ricen, etc.) Black, White, etc.			White, etc.	
COMPLETED	(Specify only highest grade completed)			(G	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working lie. Do NOT use retired.)				18b. KIN	18b. KIND OF BUSINESS/INDUSTRY				
	17. FATHER'S NAME (First, A		16. MOTHER'S NAME (First, Middle, Me Sarah Sa						aiden Sumeme) aunders					
TO BE	190, INFORMANT'S NAME (`S	194	102	,			Route Number, C	,				
	20a. METHOD OF DISPOSIT 1 V Burial 2 Crematic 4 Donation 5 Other	on 3 🗆 Remo	wal from State	other pl	of disposition decen		cemetery, o	crematory or		20c. LOC	ATION — CI	ty or Tow	rn, State	
	21. SIGNATURE OF FUNDA	AL SERVICE LIC	Mar	cL			Wm		Marc abash			1 1	lome	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel										Interval Between Onset and Death			
CERTIFICATION	sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. Cordio/esp.votory ares of votory ares of the suphyseura / previously and suphyseura / previously are suphyseura / previousl								3 hus					
MEDICAL CE	PART II. Other algorithms conditions contributing to death but not resulting in the underlying cause given in Part I. Previativity Mysline membrane disease								PERFORMED?			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:													
	1													
TED BY	2 Accident Investigation 3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOCATION (Street and Number or Rural Route Num City or Town, State)									loute Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.													
TO BE C	29b. SIGNATURE AND TITLE OF CENTIFIER ALL LOX MO										SIGNED	(Month, Day, Year)		
V	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (RIDE. PHINT) John L. Fox Johns Hopkins Hospital 600 N. Wolfe St Collinore 2:205													
	31. MAKETSMOTH. P	990 4	39 REGISTRAR'S	GNATURE	e									



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mounts after death. Page 6 may be retained by the hospital or attending physician.

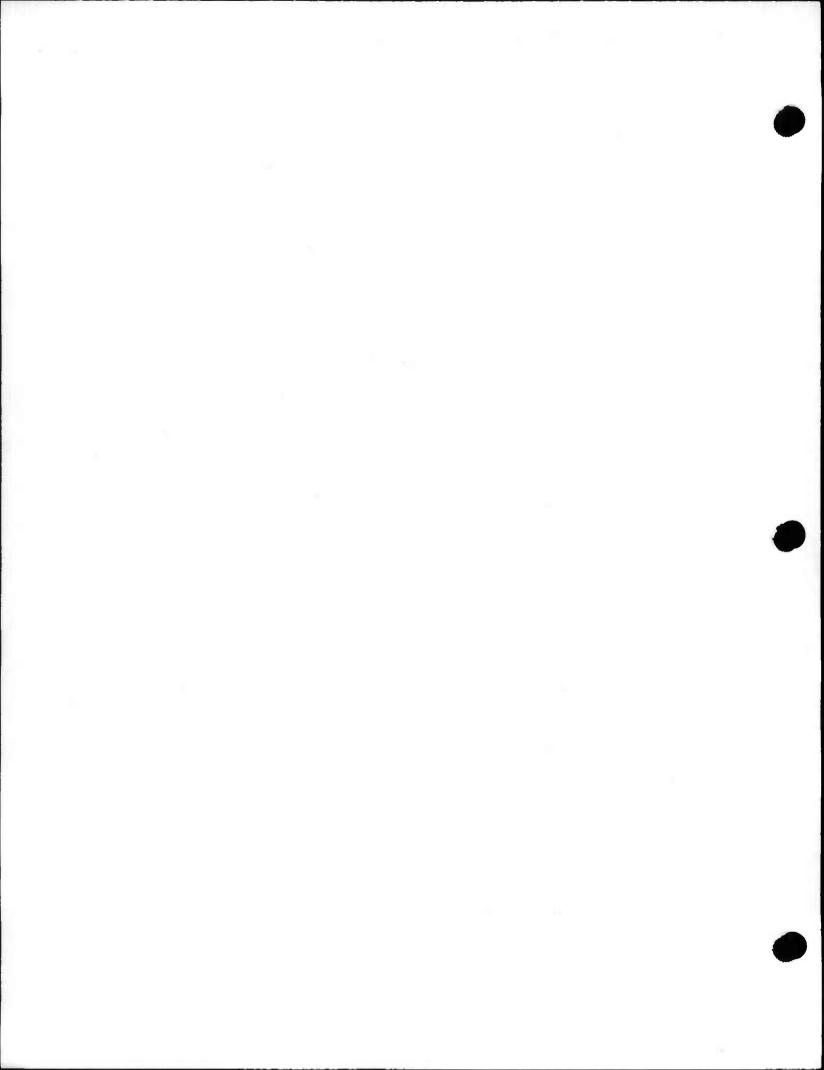
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

								90 14/33		
	FOR STATE REGISTRAR	STATE OF MARY			F HEALTH AND I	MENTAL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY Y	3. TIME OF DEATH		
1	CHARLES R. SPRUCEBA	NK				05 23	1990	12:36 A M		
- 1		THE WAY	(In yrs. last birthday	MONTHS DA		7. DATE OF BIRTH (Month, Day_Year)	8.	BIRTHPLACE (State or Foreign Country)		
		1XXM 2 □ F 66	YRS.	550000		June 27,	1923	Yaryland		
_	9a. FACILITY NAME (If not institution, give stre				WN OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH		
6	THE JOHNS HOPKIN	S HOSPITAL		BALT	IMORE		BALTI	INORE CITY		
딥	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		10c. C	TY, TOWN OR L	DCATION			10d. INSIDE CITY		
DIRECTOR	Maryland Balt	to. City	R	altimor	e City					
	10e. STREET AND NUMBER	co. orcy		arcimor	101. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?		
R/	2731 Atkinson S	troot			21211		1	I.S.A.		
FUNERAL		12. WAS DECEDENT EVER	IN U.S. ARMED		OECENDENT OF HISPAN	NIC ORIGIN? (Specify Yes		RACE — American Indian.		
	1X Never Married 2 Married	FORCES? 1 X YES	DATES	If yo	s, specify Cuban, Maxics YES 2 X NO Specifi	n, Puarto Rican, etc.) v:		Specific		
BY	3 Widowed 4 Divorced							White		
	15. OECEOENT'S EOUCA (Specify only highest grade or	ATION ompleted)	16a. DECEOENT (Give kind o	S USUAL OCCU	PATION g most of working	16b. KIND OF BU	SINESS/INDUS	TRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)				Dodo	tino			
COMPLETED	6th		l Pa	inter		Pain				
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Surname)			
BE	Geogre W. Spruceba	ank	1			y Legac				
2						Route Number, City or Tox				
	Betty Marston	1,2	_		of cemetery, crematory or					
	204 METHOD OF DISPOSITION 1 Burlai 2 Fremation 3 Remove 4 Donation	vel from State	Cedar I	dill Ce	meterv			nie, Md.		
	21. SIGNATURE OF FUNERAL BERVICE LICE	DIESEE A			E AND ADDRESS OF FA					
	X (2 (N.	.)			Durgee				
	Jugm K)- Hen	201							
- 4	23. PART I. Enter the diseases, or co shock, or heart failure. L	inplications that cause on lst only one cause on	ed the death. Do each lina.	not entar the	moda of dying, suc	ch as cardiac or reap	iratory srrea	intarval Between		
	IMMEDIATE CAUSE (Final disease or condition	banks	ec dial	ihi	4 10 6					
	resulting in death) a.	111900	casara	11/2	uction			< 40 Ms		
		SAIL A	A CONSEQUENCE	OF):	estere d	16000		ueass		
ON	Sequantially list conditions, b.	DUE TO (OR AS	A CONSEQUENCE	OF:	onery a	Juse		1,200.5		
TA:	immediate cause (Final disease or condition resulting in death) a. My Cas dial Infanction C48 h C48 h									
임	CAUSE (Disease or injury that initiated evants	OUE TO (OR AS	A CONSEQUENCE	OF):						
CERTIFICATION	resulting in death) LAST									
2										
Ä	PART II. Other significant conditions SINUC PERIOD	contributing to death	Dut not reautin	o in the under	riying cauaa given in	Part I. 24a. WAS AP	RMED?	AVAILABLE PRIOR TO		
ă				110 000	VLANGES CET	1 D YES	NO	OF OEATH?		
M	- convincing a	estery by	ipass o	rujes	4	—		1 TYES 2 NO		
ä	chronic ob	Muchoc 1	unf di	Seise						
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF DEATH (C)	neck only one)				
IYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpstient 2 ER/Ou			Home 5 A Rasidence		IN HERY COOK	oro		
	1 Natural 5 Pending	(Month, Day, Year,		NJURY	WORK?	28d. DESCRIBE HOW	INJUNY OCCU	NEU		
ВУ	2 Accident Investigation	28a. PLACE OF INJUI	BY — At home form			285 LOCATION /Street	and Number or	- Rural Bouda Mumber		
ED	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Sp	pecify)	i, street, factory,	omes	City or Town, State		rura route rumon,		
Ē	29a, CERTIFIER		SWIETE IS THE	12, 101 12		122				
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BE	296. SIGNATURE AND TITLE OF CERTIFIER	4. Tam K	20		29c. LICENSE NU		29d. DATE S	BIGNEO (Month, Day, Year)		
2	30 NAME AND ADDRESS OF DEBSON WHO				0310	US	1 3/	25/90		

TAM, M.D.

JOHNS HOPKING HOSPITAL, BALTIMORE md 21205



FOR

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	O	F DEAT	H		REG. NO.

	1 - STATE REGISTRAR CERTIFICATE OF	DEATH	REG. NO.							
	1. DECEDENT'S NAME (first, Middle, Last)		2. DATE OF OEATH	V VEAR	3. TIME OF OEATH					
	Olonge C Singleton		5 2	6 90	7:10 AM					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR 1 MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BITTH (Month, Day, Value)	Coun	HPLACE (State or Foreign try) Vland					
DIRECTOR		OR LOCATION OF DEA	ATH .	9c. COUNTY OF						
EC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCA	ITION			10d. INSIDE CITY					
5	Maryland Baltimore City Baltimo	ore			1 X YES 2 NO					
FUNERAL	10e. STREET AND NUMBER	Of, ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?					
Ä	1435 W. 37th Street	21211	-		S.A.					
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YE	CENDENT OF HISPANI pecify Cuban, Mexican S 2 XNO Specify:	C ORIGIN? (Specify Yea , Puarto Rican, atc.)	Blac	CE American Indian, ok, White, etc. city: hite					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPAT (Give kind of work done during m	ION past of working	16b. KIND OF BUS	SINESS/INDUSTRY						
	(She kind of work done during in Elementary/Secondary (0-12) College (1-4 or 5 +)									
MP	12 years Construction	the state of the s		truction						
00	John M. Singleton, Sr.		ME (First, Middle, Maiden	Surname)						
BE	100 IMEODMANT'S NAME (Time(Driet)		1. Hemerka	n. Stete. Zin Code)						
5	John M. Singleton, Jr. 202 Rollin				228					
	20s. METHOD OF DISPOSITION (Name of o	emelery crametory or	200 10	CATION - Cliv or 1	fown State					
	1 [XBurial 2 Cremailon 3 Removal from State Dulaney Valley Me	emorial Ga	rdens Coc	keysvill	e, Md.					
		AND ADDRESS OF FAC	AL ESPA		uneral Home					
	Him Burger Henry 3631	Falls Roa	id, Balto.							
	23. PART I. Entat the diseases, or complications that caused the death. Do not enter the methods, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due To (or AS A CONSEQUENCE OF):		as cardiac or reapi	iratory arrest,	Approximate interval Between Onset and Death					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.									
EDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying to the state of the state	AUTOPSY 24 1MED? 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
IAN	25. WAS CASE REFERRED TO MEDICAL 26. I	PLACE OF DEATH (Che	ck only one)							
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: OTHER: 4 Nursing Ho	me 5 🗆 Residence	5 Other (Specify)							
BY PHYSICIAN: MI		LJURY AT PORK? YES 2 NQ	20d. OESCRIBE HOW I	NJURY OCCURED						
		3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28i. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion,				(a) and manner as stated.					
TO BE	Struck m (Struck)	29c. LICENSE NUM		15/20						
	Loch Rusen V. A. Hosp. LI	Beli	timore, 1	ms 3+3	2					
	31. DATE FILEO (Month, Day, Year) MAY 3 0 1990 Jandson-Aandson									

Pages 1, 2, 3 should

9

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH

Burke,

MD

32. REGISTRAR'S EIGNATURE

Elizabeth M.

31. DATE FILED (Month, Day, Year)

	sit perm		
L DR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 24 hours aret death. Page 6 may be retained by the nospital of attending physician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit		
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y De r	age 5		Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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NG P	Wher th	? hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	mari
ENG	JR: A	ter d	85
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LDA	. DIR	hou	le

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) TIME OF DEATH 9:07pm 2. OATE OF OEATH MONTH MARY ALICE STOKES 9:85 05-90 8. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. OATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 75 MONTHS DAYS HOURS 217-26-8077 1 🗌 M 2 🕮 F YRS. Virginia 09-01-1 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Francis Scott Key Medical Center Baltimore City none RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 10b. COUNTY 10d. INSIDE CITY Maryland none Baltimore City 1 XYES 2 NO FUNERAL 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2017 E. Eager Street 212 05 United States 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 Never Married 2 Married 1 TYES 2 NO Specify: Specify: BY 3 🕅 Widowed 4 🗌 Divorced Negroid 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 16b. KING OF BUSINESS/INDUSTRY (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) 2nd grade Housewife none none 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William Thompson Ellen Thompson BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2567 Kirk Avenue Baltimore. Mert Howard Stokes 21218 20a. METHOD OF DISPOSITION

X X Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Loudon Park Cemetery ☐ Donation 5 ☐ Other (Specify) Baltimore, 22. NAME AND ADDRESS OF FACILITY
Calvin B. Scruggs Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE V Preston Street Balto 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** ahock, or heart failure. List only one cause on each line. Interval Between Candiac Arrhythmia) **Onset and Death IMMEDIATE CAUSE (Final** disease or condition_ resulting in death) DISCOSE coronary Disease) CERTIFICATION Sequentielly list conditions, If any, leeding to immediate cause. Enter UNDERLYING (Hypertension CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART il. Other aignificent conditions contributing to death but not resulting in the underlying ceuse aiven in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS zerebral vascu AWAJLABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 - YES 2 - 100 (recent cerebral vascular accident PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER: SPITAL: X Inpatient 2 SER/Outpatient 3 DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY
(Montl. Day, Year)

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28c. I 27. MANNER, OF OEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 3 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide detarmined COMPLET 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end dua to the cause(a) and menner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and restigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and # 299L SIGNATURANT TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. OATE SIGNED (Mont BE 7

Francis Scott Key Medical

Center

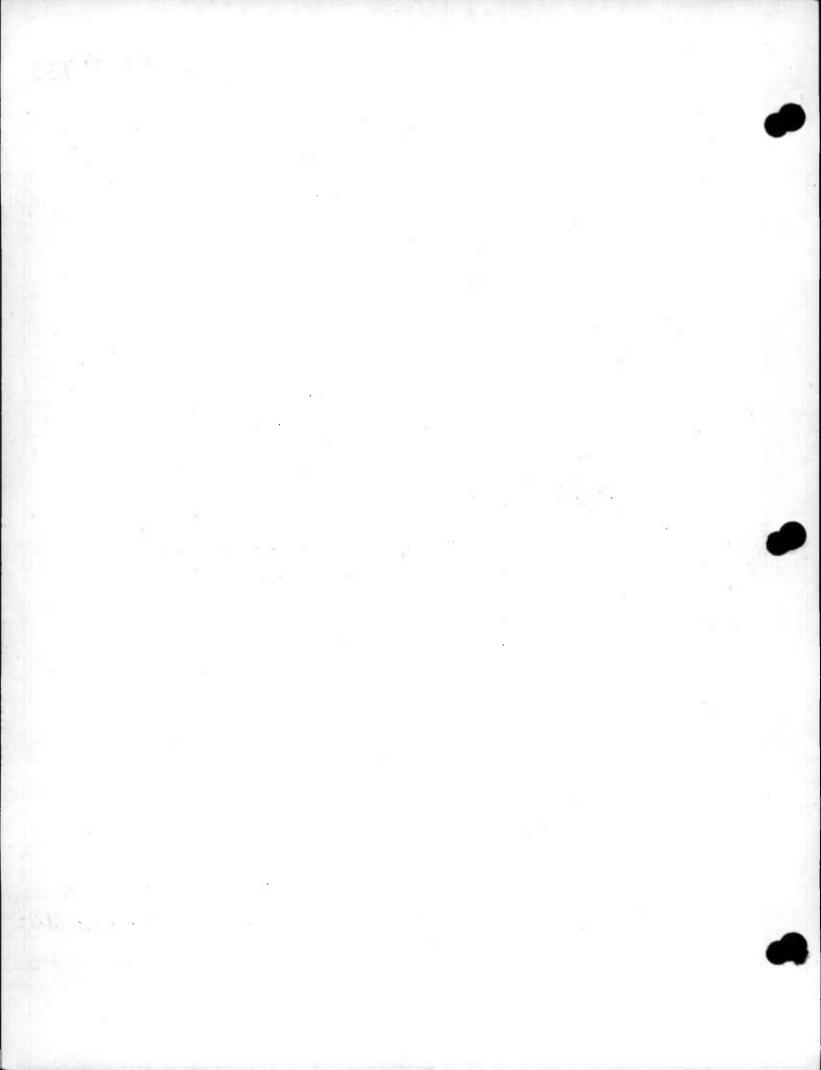
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1 - FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	JAMES THOMAS MONTH 5 26 90 8:4											3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	rs. last birthday)	IF UNDER 1 YEAR	HOURS N		OF BIRTH h, Day, Year)		Country								
	068-48-2019	Alle values and a second	1 📉 M 2 🗆 F	52	YRS.			5	29	37	-	th Carol				
CTOR	PARTITION NAME (H not install the state of t	ospita	1 Center	-Sou		Baltir		OF OEATH		9c. COUN	ITY OF OE	ATH				
DIREC	10s. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOCA						10d. INSIDE CITY LIMITS?				
	MD						timore					1 X YES 2 NO				
RAL	100. STREET AND NUMBER 4505 Homer A	Venue				19	er. ZIP CODE	1215		10g. CITI		HAT COUNTRY?				
FUNER	11. MARITAL STATUS	Vende	12. WAS DECEOEN	IT EVER IN U.	S, ARMED	13. WAS DE	CENDENT OF H		N? (Spectfy Ye	n or No—	USA 14. RACE — American Indian,					
BY FI	1 Never Merried 2 1		FORCES? 1			If yes, s	pecity Cuben, A				Black, Specifi	White, etc.				
0		EDENT'S EDUC	NATION!	1.00				1000				Black				
ETE		highest grade			8e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY											
PL	Elementery/Secondery (0-	-12)	Conege (1-4 or 5	+)												
COMPL	17. FATHER'S NAME (First, Mid	ddle, Last)						'S NAME (First,		Sumeme)						
BE (FMMITT BUTTS Margaret THOMAS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)															
10	Tyra Thomas	/pe/Print)				omer Av						21215				
	200. METHOD OF OISPOSITIO	ON		20b. Pt	ACE OF DISPOSI			-		CATION -						
	1 Donation 5 Other	n 3 🗆 Remo	oval from State	ing Mem			, -	1	dalls							
	21. SIGNATURE OF PUNETAL	SERVICE LIC	ENSEE				AND ADDRESS	OF FACILITY	-	rch F		-				
	1 7/05	TIM	6/2	MAN)							Avenue				
CERTIFICATION	Sequantielly list condition if any, leading to immed cause. Enter UNDERLY!! CAUSE (Disease or injurt that initiated events resulting in death) LAST	diste NG ry	ALC CO	TRO	IN TES IN TES INEQUENCE OF OLIC INSEQUENCE OF LOPA		VER		DIN	-						
MEDICAL	PERFORMED? ANA COI								WERE AUTOPSY FINE AWAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO							
CIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					PLACE OF DEAT	TH (Check only o	ne)							
HYSIC	1 TES 2 NO		HOSPITAL:	-	mt 3 🗆 DOA	OTHER: 4 - Nursing Ho		ence 8 🗆 Oth	er (Specify)							
표	27. MANNER OF DEATH 1 Natural 5 F	Pending	28e. DATE Of (Month, I	F INJURY Day, Year)	28b. TIME INJU	RY W	NJURY AT VORK? YES 2 1 h		8d. DESCRIBE HOW MJURY OCCURED							
ВУ	2 Deviates	Investigation	28e. PLACE	OF INJURY	At home, farm, st	" '		28f. LO	CATION (Street		or Rural R	oute Number,				
TED	= ""	Could not be determined	building	, atc. (Specify)				City	or Town, State)						
OMPLE	onel		CIAN: To the best o									and manner as stat				
5						-310,-10) (
111	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (MONTH, Day, Year) D 25886 5/26/90									6/90						
TO BE CON	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAL	ISE OF DEATH	I (ITEM 27) (Type,	Print)		/			1	00/10				
TO BE	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAL	9 I	1 (ITEM 27) (Type,		SPITA	L CE	NTE	R T	BACI	D. HD 2				
TO BE	30. NAME AND ADDRESS OF CHEATURE STATE PLED (MOVITH, Day, 1998)	S, M	.D	9 I	MEWDO		SPITA	L CE	gr7E	R	BACI	0.402				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



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7	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOA 13140	40SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h
5	8
	HOSPITAL

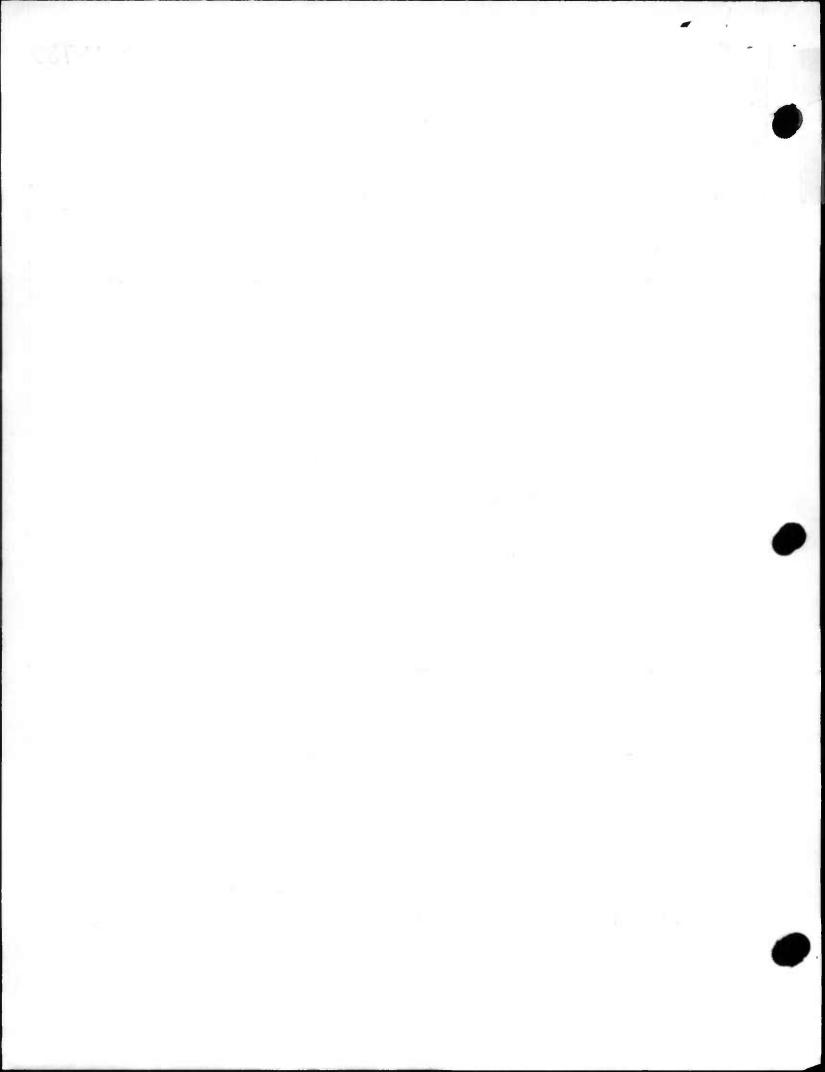
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burdal-transit permit. Pages 1, 2, 3 should he find with the State Debt. of Health and Mental Hyolene prior to burdal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this of	IMPORTANT: If Item 28 is mark

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYG	ENE
		C	ERTIFICATE	0	F DEAT	H		REG.	NO.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN	_	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH
Norena 4. SOCIAL SECURITY NUMBER	Morton T			IF UNDER 24 HRS.	-		-
	1 M 2 X F 77		UNDER 1 YEAR HITHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 9 5	12	BIRTHPLACE (State or Foreign Country) Va.
9a. FACILITY NAME (If not institution, give str 308 N. Calho		96	Balto	R LOCATION OF DE	EATH	9c. COUNTY	Y OF DEATH
RESIDENCE OF DECEDENT							
100. STATE 10b. COUNTY			alto.	TION			10d. INSIDE CITY LIMITS? YYES 2 \(\text{NO}\) NO
100. STREET AND NUMBER 308 N. Calhou	n ST.			21223		10g. CITIZEI	N OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Ye	8 or No 14	I. RACE — American Indien,
1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, sp		n, Puerto Rican, etc.)	0.100	Black, White, etc. Specify: Black
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo		16b. KIND OF BU	ISINESS/INDUS	
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maider	Sumame)	
Morrell	Morto	o n			ie M. D		
19a. INFORMANT'S NAME (Type/Print)		and the second second			Route Number, City or Tox		
Pearl Anderso		A. PLACE OF DISPOSITI					y or Yown, State
XCXBurial 2 □ Cremation 3 □ Remo 4 □ Donation 5 □ Other (Specify)	val from State	other placed Arbu	tus Me	em. Par	k	В	alto. County
21, SIGNATURE OF FUNERAL SERVICE LICE	Mari	ch	Wm.	C. Mar Wabas	ch Funer	al Ho	me
23. PART I. Enter the dieassee, or c shock, or heart fellure. I	omplications that cause	d the death. Do not	antar the mo	da of dying, suc	h as cardlec or resp	elratory arres	t, Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)		Cance -	metas-	fati			Onset and Desth
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):					
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	DUE TO (OR AS	CONSEQUENCE OF):					
resulting in daeth) LAST							
PART II. Other significant conditions	contributing to death i	out not resulting in	the underlyin	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
		_			_		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26 PI	LACE OF DEATH (Ch	neck only one)		
EXAMINER? 1 YES 2 O	HOSPITAL:		THER:		8 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME (OF 28c. INJ	URY AT	28d. DESCRIBE HDW	INJURY OCCU	RED
1 Setural 5 Pending Investigation	(Month, Day, Year)	INJUR	M 1 🗆	PRK? YES 2 NO			
3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Spe	/ — At home, farm, stre clfy)	et, factory, offic		28f. LOCATION (Street City or Town, State	and Number or)	Rural Route Number,
deal stay	CIAN: To the best of my known: 3: On the basis of examination						cause(s) and manner as atsted.
29b. SIGNATURE AND TITLE OF CERTIFIER	90			29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)
Many UD an	me me)		D287	39	. 0	- /-
Nancy Davidson		EATH (ITEM 27) (Type, Pr	solfe.	St B	i the one	no 2	1205
1AY 3 1990 Julia	Daydon Harse	TURE					



	, Middle, Last)								2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATN	
2 T	horntor	, Helen								26	90	900 P	
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In)	yrs. lest birthday) 85 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24	HRS.	7. DATE OF BIRTH (Month, Dey, Year)	.1,	Coun		
215-16-66 Pa. FACILITY NAME (N not No Union Me			al	05	1		more		ATN	9c. CO	UNTY OF		
RESIDENCE OF DEC	CEDENT					W. C.	INOIC	CIU	Y				
Md •	10b. COUNTY		10c. CITY, TOWN OR LOCATION Balto.									10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER					<u> </u>		. ZIP CODE			10g. Cl	TIZEN OF	WHAT COUNTRY?	
2226 Bar	27.5	C+					21 21 8	0					
11. MARITAL STATUS 1 Never Married 2 Married PORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						If yes, sp	ENDENT OF	NISPAN	, Puerto Rican, etc.)	NGIN? (Specify Yes or No— 14. RACE — American Indian, Black, White, etc. Specify: Black			
(Specify only highest grade completed) (G.				6a. DECEDENT'S (Give kind of life. Do NOT u	work done				16b. KIND OF	DUSINESS/IN	DUSTRY		
17. FATHER'S NAME (First, A									ME (First, Middle, Malo	len Sumame)			
John Noll									Small				
19a. INFORMANT'S NAME (loute Number, City or				
John V. Thornton 3215 Burleith Ave. Balto. Md. 212 204_AMETHOD OF DISPOSITION 206_ PLACE OF DISPOSITION (Name of commency, crematory or 206_ LOCATION — City of To													
20a_METHOD OF DISPOSIT 1 Burial 2 Crematic 4 Donation 5 Other		oval from Stata	206. P	other piace)	n Ce		ery	tory or				own, Stata	
21. SIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE		of the		Wai		ght	Funera			Md. 212	
23. PART I. Enter the deshock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit	neart fellure. I	a. CAL DUE TO PUL	DIAC OF AS A C	ARI	RHYT DEN	Hm		g, such	es cerdiec pr re	apiratory a	orrest,	Approximets Interval Betwee Onset and Dea	
Sequentially list collidations, if any, leading to Immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that Intilated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):									15 hone				
PART II. Other algnificant conditions contributing to deeth but not re				not resulting	In the ur	nderlyln	g cause giv	ven in	PER	Part I. 24a. WAS AN AUTOPSY PERFORMED? 2		b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)													
EXAMINER?		HOSPITAL:	FR/Outnet	lent 3 🗆 nor	OTHE	R:							
27. MANNER OF GEATH 28a. DATE OF INJURY 26b. TH						28c. IN.	FURY AT DRK?		6 Other (Specify) 25d. OESCRIBE NO	W INJURY O	CCUREO		
					street, fac				281. LOCATION (Str. City or Town, St	OCATION (Street and Number or Rural Route Number, Ity or Town, State)			
3 Suicide 6	determined							- 1					
3 Suicide 4 Homicide 29a. CERTIFIER (Check only) 1 CER	TIFYING PNYSI								to the cause(s) and time, data and place			(e) and manner as stated	

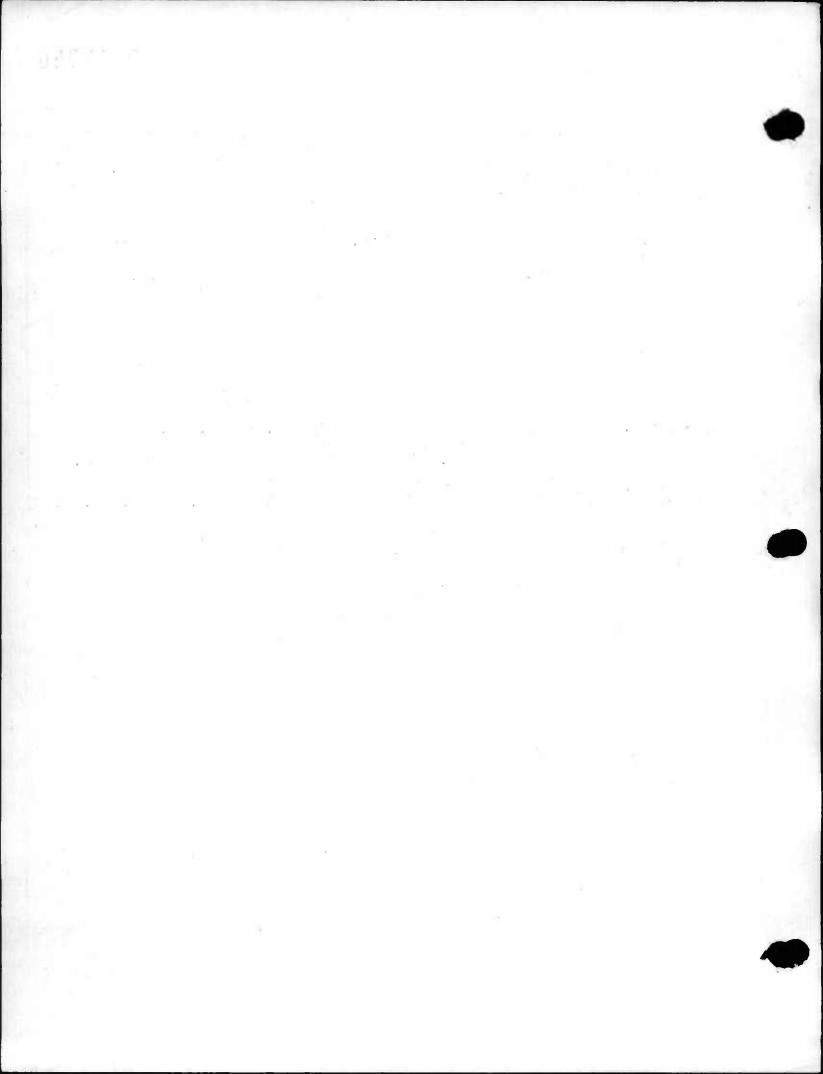
32. REGISTRAR'S SIGNATURE

Julie Davidson Rendell

Union Memorial Hospital

31. DATE FILED (Month, Day, Year) MAY 30

DHMH-16 Rev 1/89



(hysician.	vurial-transit permit. Provs 1, 2, 3 struid)
BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the bunial-transit permoval.	notified of once
BALTIMORE, I	after death. Page 6 may be	y the funeral director, page noval.	cal avaminar must be notified of once

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
TRAR	CERTIFICATE OF DEATH	REG. NO.

ŀ	FOR STATE REGISTRAR		YLAND / DEPARTI CERTIFIC				GIENE G. NO.	
	1. DECEDENT'S NAME (First, Middle, Last WES	JI.	GE (In yrs. last birthdey)	F UNDER 1 YEAR		2. DATE OF DE MONTH May 7. DATE OF BIE	2/ 10	year 9:31 P.M. M
	491-268-323	t 🔀 M 2 🗆 F	64 YRS.	ONTHS DAYS	HOURS MIN.	May 4	,1926	Missouri
TOR	9a. FACILITY NAME (If not institution, give st Franklin Square RESIDENCE OF DECEDENT	,	9		R LOCATION OF OEA SSVIlle	TH	9c. COUNT Bal	timore
DIRECTOR	10a. STATE 10b. COUNTY	BAltimore		Middle				10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAL	10e. STREET AND NUMBER 2224 Souththorn	. Pood		10f.	ZIP CODE	220		EN OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 KMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 X Y	ES 2 NO R DATES	If yes, spe	ENOENT OF HISPANIC Cuben, Mexican, 2 NO Specify:	C ORIGIN? (Spe	ocity Yea or No— 1	14. RACE — American Indian, Black, White, etc. Specify: White
	15. OECEDENT'S EDUC (Specify only highest grade	CATION Completed)	16a. DECEDENT'S US	SUAL OCCUPATION of done during move	ON at of working	16b. KIND	OF BUSINESS/INDU	STRY
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Technic					
CO	17. FATHER'S NAME (First, Middle, Lest) Elza Emory Sr.				18. MOTHER'S NAM Ginni	- 1	Maiden Surname) a Crump	
) BE	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural Ro	oute Number, City	y or Town, State, Zip (
2	Evelyn Ruth West				horn Road		111111	21220
	20a. METHOD OF DISPOSITION 1 X Buriat 2 Cremation 3 Remote A Donation 5 Other (Specify)	ovat from State	20b. PLACE OF DISPOSIT Officer place) HOLLY Hi	10N (Name of cent	netery, cremetory or tery		20c. LOCATION — C	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Home	22. NAME AN	no address of faci 11yFunera		00MAceAv	e. 21221
	23. PART I. Enter the diseases, or cahock, or heart deliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Arrhyt	on asch iina.	t antar the mo	da of dying, such	as cardiac o	or reapiratory arre	at, Approximata interval Between Onset and Daath
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUENCE OF):					
PHYSICIAN: MEDICAL CE		of Phlebi tension	_	tha underlying	g cause given in P		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL	ACE OF DEATH (Chec	ck only one)		
BY PHYSI	1 VES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation		Outpetient 3 DOA 4	OF 28c. INJ	IURY AT SHK? YES 2 NO		E HOW INJURY OCC	URED
	3 Suicide 6 Could not be detarmined	28e. PLACE OF IN. building, etc.	JURY — At home, farm, str (Specify)	reet, factory, offic	•	26f. LOCATION City or Tow		or Rural Route Number,
COMPLETED	Orboth Orlly		knowledge, death occurred metion and/or investigation,					d. cause(s) and manner as stated.
TO BE	296. SIGNADURE AND TITLE OF CERTIFIE	Connell	y Ano)	D 30 (29d. DATE	SIGNED/Month, Day, Year)
	Joseph Connelly				e Drive	Baltim	ore. Mar	vland 21237
	31. DATE FILED (Month, Day Char)	32 REGISTRAR'S	SIGNATURE	ii oqual	CDITYCS	Darein	ores mar.	J 14114 L1207

MAY 3 U 199U

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: it is marked or flem 23 shows any Injury or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	Will	ams		2. DATE OF DEATH DAY	YEAR 3. TIME OF CEATH
	4. SOCIAL SECURITY NUMBER 350-04-0837	1-X M 2 🗆 F	59 YRS. M	FUNDER 1 YEAR IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mgnth, Day, Ybar)	BIRTHPLACE (State or Fortyn Country) 5, C
TOR	Pe. FACILITY NAME (If not institution, give st	ted Centu	South	Saltimore	EATH 9c.	Bultimore
DIRECTOR	M D 106. COUNTY	,		TIMORE, CITY		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	425 ILCHESTER	AVE.		101. ZIP CODE 21218	10g	USA
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 V NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico 1 YES 2 NO Specif	in, Puerto Rican, etc.)	9 14. RACE — American Indien, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S EQUE (Specify only highest grade Elementary/Secondary (0-12) 6 th GRADE	CATION completed) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of working stired.)	16b. KIND OF BUSINES:	S/INDUSTRY
ш	17. FATHER'S NAME (First, Middle, Last) TILLMAN WILLI.	AMS		18. MOTHER'S NA EVELYN	ME (First, Middle, Melden Surne CORBETT	ne) .
TO B	FRANCIS WI	LLIAMS	5612	FORCE RD. /	BALTIMORE,	MD. 21205
	20e METHOO OF DISPOSITION 1 Burial 2 Cremation 3 Remark 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	oval from State	otner place)	ON (Name of cametery, cramatory or SAPT. CH. CEI 22. NAME AND ADDRESS OF FA	METERY Spr	ing S.C.
	· Blades	Warer				F. NORTH AVE
CERTIFICATION	23. PART I. Enter the diseases, or a shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CEP COURTO (OR AS A DUE TO (OR AS A	och lina.	enter the mode of dying, such farct	th es cerdiec or respirator	y arrest, Approximate Intervel Between Oneet and Deeth
MEDICAL	PART II. Other aignificent condition	contributing to death be the death of the	- 9	the underlying couse given in hits Millita	Pert I. 24s. WAS AN AUTO PERFORMED: 1 YES 2	7 AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH (C		
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUR	OF 28c. INJURY AT WORK? M 1 YES 2 NO	26d. OESCRIBE HOW INJUR	Y OCCURED
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str cify)	et, factory, office	28f. LOCATION (Street and Ni City or Town, State)	umber or Rural Route Number,
COMPLETED	one) —			at the time, date end place, end du in my opinion, death occured at the		es stated. to the cause(s) and manner as stated.
TO BE CO	29b. SIGNATURE AND TITLE OF SERTIFIES	icis no		29c. LICENSE NU	MBER 29d	DATE SIGNED (Month, pay, Year)
	MAY COS GAL	icia inf	Home	ewed Hospita	1 Center Sous	4 Belt Mdziers
	MAY 3 0 1990 4	32. REGISTRAR'S SIGN	notice.		,	,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should	nours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with	IMPORTANT: If item 28 is marked,

						G	10 14/43
	1 - FOR STATE OF MAP	RYLAND / DEPAR CERTIFI	TMENT OF H		MENTAL HYGIEN REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last) A J WOITEN				2. DATE OF DEATH MONTH 5	7/95	3. TIME OF DEATH 11:38 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 8. / 2 3 7 4 6 0 7 7 7 1 Mm 2 - F	GE (In yrs. last birthdey) 6 1 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Pay, Year)	0	BIRTHPLACE (State or Foreign Country) Orth Carolina
OR		spital		n Location of DE 1 timore	ATH /	9c. COUNTY	OF DEATH
DIRECTOR	100. STATE 10b. COUNTY	10c. CITY	TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1701 Hollins Street		101	ZIP CODE 2/22	3	10g. CITIZEN	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Merried 4 Divorced 12. WAS DECEDENT EVEN FORCES? 1 IF YES, GIVE WAR (YES 2 NO	If yea, sp		IC ORIGIN? (Specify Yeen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: 6/ATK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+)		USUAL OCCUPATION WAS CONTROL OF THE PROPERTY O		16b. KIND OF BU	SINESS/INDUST	RY
BE COM	17. FATHER'S NAME (First, Middle, Lest) Eddie Warren			18. MOTHER'S NA	NE (First, Middle, Meiden h McK	SINI	ϵ
TO B	190. INFORMANT'S NAME (Type/Print) Bernice Erskin				Polite Number, City or Tow		
	20e. METHOD OF DISPOSITION	20b. PLACE OF DISPOS			Baltimore 20c. LO	CATION — City	
	1 X Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)	King Mem	orial Pa	rk	Rar	ndallst	own, MD
	21. SIGNATURE OF UNERAL BERVICE LICENSEE)	22. NAME AN	D ADDRESS OF FAC		F/H We Vabash	
	23. PART i. Enter tha diseases, or complications that ca shock, or heart failure. List only one cause		not enter the mo	de of dying, suci	h ss cardiac or resp	iratory arrest	, Approximate Interval Between
		AS A CONSEQUENCE OF	g Can	icer			Onset and Death
ATION	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING						
ERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	AS A CONSEQUENCE OF	F):				
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to des	th but not resulting	in the underlyin	cauee given in	Pert i. 24a. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
N: ME							1 TES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER	VOutpatient 3 □ DOA	OTHER:	ACE OF DEATH (Ch			
	27. MANNER OF DEATH 1. Netural 5 Pending 280. DATE OF INJ (Month, Day, 1)	URY 28b. TIM	E OF 26c. INJ		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
TED BY	a periodia	JURY — At home, farm, s (Specify)	street, factory, offic	•	26f. LOCATION (Street City or Town, State	and Number or i	Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one) t CERTIFYING PHYSICIAN: To the best of my EXAMINER: On the basis of examiner						euse(s) and menner as stated,
8	296. SIGNATURE AND TITLE OF CERTIFIER Mana M. Dama M.			29c. LICENSE NUI	MBER	29d. DATE SI	GNED (Month, Day, Year) 24/90
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF MOTION M. GATCIO - V	Niversity of	Print) Maylo	nd Hosp	nital-Depi	t. of	Medicine

= 1000

- 17

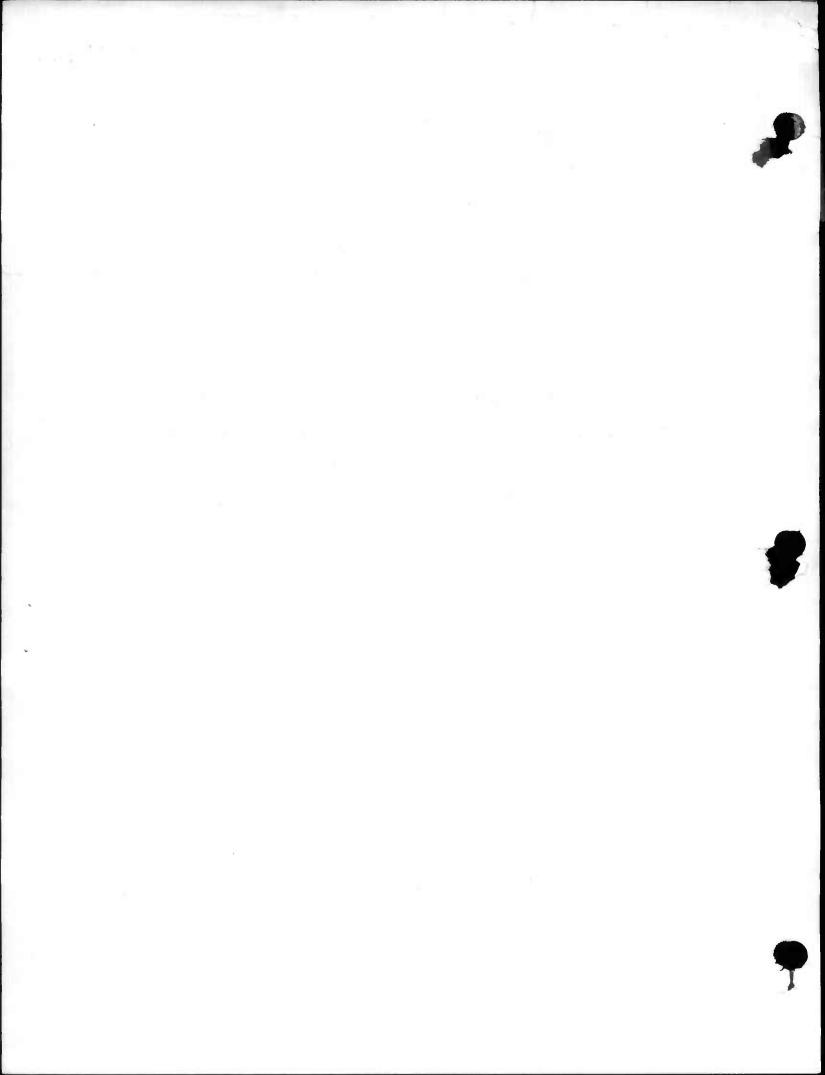
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be execu-

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY FUNERAL DIRECTOR I murrs after death. Page 6 may be retained by the hospital or attending physician. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	0F	MARYLAND A	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		C	ERTIFICATE	O	F DEAT	TH .		REG. I	NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT CERTIFICATE		MENTAL HYGIENI REG. NO.	E	
1. DECEOENT'S NAME (First, Middle, Lag	1) 1			2. DATE OF OEATH		3. TIME OF DEATH
46	JA V	MILESO FIE	IN	MDNTH DA	5 90	11:58 A M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday IF UNDER	YEAR IF UNDER 24 HRS.	7, DATE OF BIRTH		HPLACE (State or Foreign
215-51-5744	1 M 2 PF 5	7 YRS, MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	-1 93	" 17 and
0.13-36-3017		21.0077	TOWN OR LOCATION OF DE		9c. COUNTY OF D	77//U1//C
90. FACILITY NAME (If not institution, give	e street and number)	90. CITY	TOWN OF LOCATION OF DE	A-T	9c. COUNTY OF L	PEAIN
BON SECO	urs Itosi	2, 5	Allimore	0 0119		
RESIDENCE OF DECEDENT	NTY	10c, CITY, JOWN O	R LOCATION	- 0		10d. INSIDE CITY
Man lacas		Rn	15			LIMITS?
MARGIRADI		19/4/	TITTION		44 0000000	WHAT COUNTRY?
100. STREET AND NUMBER	1-11,111	4 -	10f. ZIP COOE	^7	ing. Citizen of	C A
1904 DUNI	111 VILIA	ac AD1363	0100		0.	3117,
11. MARITAL STATUS	12. WAS DECEDENT EVERA FORCES? 1 YES		WAS DECENDENT OF HISPAN I yes, specify Cubar, Mexica	IIC ORIGIN? (Specify Yee	or No- 14. RAC Blac	E — American Indien, ck, White, etc.
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR I		YES 2 NO Specify		Spec	11/2 1
3 Widowed 4 Divorced	<u> </u>				6	0/1400
15. DECEDENT'S E (Specify only highest gri	DUCATION ade completed)	18a. DECEDENT'S USUAL OC (Give kind of work done of	CUPATION luring most of working	16b. KIND OF BUS	SINESS/INDUSTRY	
Elementery/Secondery (0-12)	College (1-4 or 5+)	ille. Do NOT use retired.)	1 0 11	1		
		Dist Cl. &	U. PALLO	,		
17-FATHER'S NAME (First, Middle, Last)	1		10. MOTHER'S NA	ME First, Middle, Malden	Symame)	
Deprow	(SPilli)	K/	Eve	LUN B	All	,
190. INFORMANT'S NAME (Type/Print)	2 //	19b. MAILING ADDRESS	(Street and Number or Fjural	Porte Number, City or Town	n, State, Zip Code)	(,)
The Nehoeah	(RISTA)N	7914 0	whill Vil	LAGE ANT31	53 BAIL	m 21207
20a. METHOO OF DISPOSITION		b. PLACE OF DISPOSITION (Na	me of cemetery crematory or/	20c. LO	CATION City or T	Town, State
1 Pauriel 2 Cremation 3 R	emoval from State	poter place)	Star (Pm /	Splta.	Ch. md.
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	224	NAME AND ADDRESS OF FA	effity -	110-11	Homes
	1 0.		oseph rik	USS FU	NEPH	
Joseph	o, Kus.	2	225 10,11	ath Are.	Balta	md.212/6
		The second secon	- p			
23. PART i. Enter the diseases,			the mode of dying, suc	h ee cerdiec or reepi	iratory errest,	Approximate
ehock, or heart failur	or complicatione that cause re. List only one cause on		the mode of dying, suc	h ee cerdiec or reepi	iratory errest,	Approximate interval Between Onset end Daath
			the mode of dying, suc	h ee cerdiec or reepi	iratory errest,	interval Between
ehock, or heart failure	a. Vent	aach line.	the mode of dying, suc	h ee cerdiec or reepi	iratDry errest,	interval Between
ehock, or heart failure iMMEDIATE CAUSE (Final disease or condition	a. Vent		the mode of dying, suc furillat	h ee cerdiec or reepi	iratory errest,	interval Between
ehock, or heart failure immediate CAUSE (Final dissess or condition resulting in death) Sequentially liet conditions,	a. Ventous on oue to (or as	aach line.	the mode of dying, suc furillation in teh	h ee cerdiec or reepi	iratory errest,	interval Between
ehock, or heart failured immediate CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, laeding to immediate	a. Ventous on oue to (or as	ach line. ricular A CONSEQUENCE OF): te Garr	fbrilat	h ee cerdiec or reepi	iratory errest,	interval Between
ehock, or heart failure immediate cause. Entar UNDERLYING CAUSE (Disease or injury)	a. Vento oue to (on as oue to (on a) oue to (on as oue to (on a) oue to	ach line. ricular A CONSEQUENCE OF): te Garr	fhr. 1 at o interpende	h ee cerdiec or reepi un nal Ite	iratory errest,	interval Between
ehock, or heart failured immediate couse. Enter UNDERLYING	a. OUE TO (OR AS OUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): MAD CY TO A CONSEQUENCE OF):	funllation interpenden	nal Ita	iratory errest,	interval Between
ehock, or heart failure immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated cevens.	a. OUE TO (OR AS OUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): THE GAMPY A CONSEQUENCE OF):	the mode of dying, such fhrillation interpendent pendent nume Con	nal Ita	157	interval Between
ehock, or heart failure immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated cevens.	a. Jento OUE TO (OR AS OUE TO	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): THE PROPERTY OF THE PR	fbrillation inteta	ou h	USCOS	interval Between
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1	3 filec	IPO
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1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last	WILLIAMS	(LEROY	WILLIAMS)	2. DATE OF DEATH MONTH DAY	5 -90	3. TIME OF DEATH 6: 2		
4. SOCIAL SECURITY NUMBER 220212-685858			F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH	8. BIRT Coun	HPLACE (State or Foreign try) Vland		
98. FACILITY NAME (If not institution, give	street and number)	9	BALTIMORE (DEATH	9c. COUNTY OF	DEATH		
RESIDENCE OF DECEDENT 100. STATE 10b. COUN Md.	Turso		TOWN OR LOCATION	timore Co		10d. INSIDE CITY LIMITS? 1 YES 2 YNO		
1	CT(16 Flax		10L ZIP CODE	_		WHAT COUNTRY? USA		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 15 YES IF YES, GIVE WAR OR D 8-19-50 to	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spe	can, Puerto Rican, etc.)	Spe	CE — Americen Indian, oct, White, atc. city: roid		
15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	UCATION	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	BUAL OCCUPATION k done during most of working etired.)	16b. KIND OF BUSI	INESS/INDUSTRY	- 1		
7th grade 17. FATHER'S NAME (First, Middle, Last) unknown	none	Bus D	18. MOTHER'S	NAME (First, Middle, Malden S		Lines		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Run	ced Willia BY Route Number, City or Town,				
Doris Scott W 20e. METHOD OF DISPOSITION 1 OXBURIel 2 Cremetton 3 He	201	o. PLACE OF DISPOSIT	axton Ct.Bal	20c. LOC	ATION City or 1			
21. SIGNATURE OF FUNERAL SERVICE	LICENSÉE	Garrison LC	Forest Vet 22. NAME AND ADDRESS OF Calvin B. 1412 E. P1	FACILITY				
23. PART I. Enter the diseases, o ahock, or heart failure immediate. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. R HCan DUE TO (OR AS A	A CONSEQUENCE OF):	R (heart	Failure)		Approximata interval Between Onset and Death		
CAUSE (Disease or injury that initiated events resulting in death) LAST	d. 276	CONSEQUENCE OF):	. (Hemopty	to Lung	Ca			
PART II. Other algnificant condition	one contributing to death t	out not resulting in	thaunderlying cause given	In Part I. 24s. WAS AN / PERFORI 1 YES 2	WED?	Ib. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	EXAMINER? HOSPITAL: OTHER:							
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		28b. TIME INJUI	WORK? M 1 YES 2 NO	28d. DESCRIBE HOW IN				
3 Suicide 6 Could not b		c(fy)		28t. LOCATION (Street as City or Town, Stelle)		Route Number,		
and)			at the time, date and place, and of in my opinion, death occured at the state of th			(a) and manner as stated.		
	Hanlon P		29c. LICENSE N	IUMBER		D (Month, Day, Year) 2 S-9 D		
30. NAME AND ADDRESS OF PERSON OF	SAMAR N	1 61		Good Sama:	ritan I	Hospital)		

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3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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OF VITAL RECORDS	
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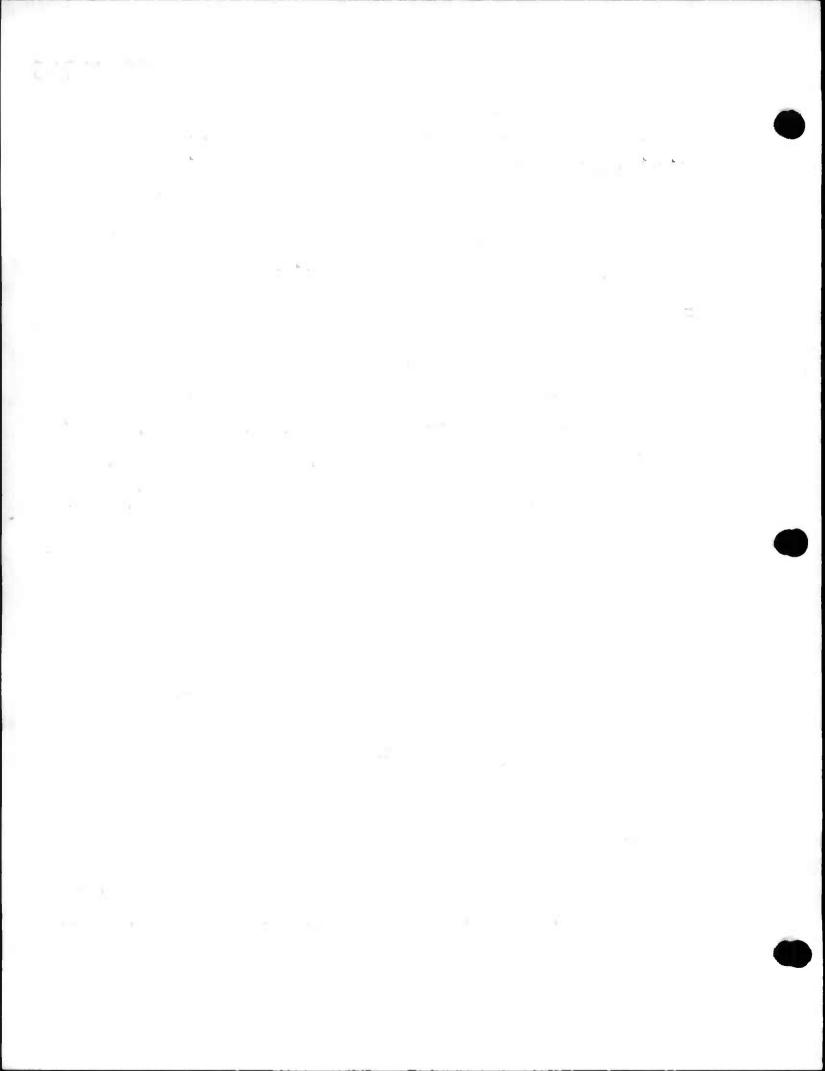
2. DATE OF DEATH DAY 1990 YEAR 1990 Ziegler Ruth E. 7:30 PM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 213-10-3953 08/05/1.4 Maryland 1 🗌 M 2 💢 F 75 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Cherrywood Manor Nursing Cente DIRECTOR Reisterstown Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10a. STATE 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 16e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21.229 for use as the bunial-transit 305-D N. Chapel Gate Lane USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specity Yes or No— If yes, specity Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Indian, Black, Whita, etc. 1 Never Married 2 Married 1 YES 2 NO Specify: В 3 🗶 Widowed 4 🗌 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th detached Secretary YMCA 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Howard Mitchell Ruth Gardner BE funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John E. Ziegler Landsdowne Rd. E. Brunswick, NJ 08816 pe 20a. METHOD OF DISPOSITION
1 □ Burlat 2 X Cremation 3 □ Ramoval from Stale 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, Sleta must Metro Crematory, Inc. Baltimore, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY March Cremation Society of Md., Inc. sery ? George E. Mac Nabb 299 Frederick Rd. Balto., MD been signed by the attending physician and completely filled in by the att. of Health and Mental Hygiene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximsta ahock, or heart failure. List only one cause on each line Interval Batween **Onset and Death** IMMEDIATE CAUSE (Final the disease or condition Scosus event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Pycline phritis
DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions. if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL 24a. WAS AN AUTOPSY AVAILABLE PRIOR TO Arthosolatic Consideration Disagre. Paypheral COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 NO Chronic Steicia dopondors Vacata Disease, 1 TES 2 NO Payarlands
25. WAS CASE REFERRED TO MEDICAL certificate has bee in the State Dept. o PHYSICIAN: NEDODA 23 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:
4 & Nursing Home 5 - Realdance 8 - Other (Specify) HOSPITAL: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 10 26a, DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with 28 is marked, 1 X Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident After 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be DIRECTOR: J COMPLETED 4 Homicide 29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the heals of examination and/or investigation. In my colorion, death occurred at the lime, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL D be filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the lime, data and place, and due to the cause(a) and menner as stated. 29h. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE May 25, 25062 1990 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Manko, M.D. 11 E. Chestnut Hill Ln. Reisterstown, MD 21136 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Ellen



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should is after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this cert be filed within 72 hours after death with the	IMPORTANT: If item 28 is marked, o

	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	_				
	1. DECEDENT'S NAME (First, Middle, Last)	WATER TONE			2. DATE OF DEATH		3. TIME OF DEATH			
	William V. 4. SOCIAL SECURITY NUMBER 5	FUMINO	ADAMS,	SR.	5 2	7 90	(P. M.			
		SEX 6. AGE (#	rys. last birthday) F YRS. MON	5. 7. DATE OF BIRTH (Month, Pay, Year)	th, Dav. Year) Country)					
	9e. FACILITY NAME (If not institution, give stree	ot end number)		CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH			
DIRECTOR	ST JOSE PH	mD	BA	LTO.						
E	10a. STATE 10b. COUNTY	0		WN OR LOCATION	44		10d. INSIDE CITY			
	MD BA	cro. Co.	76	101. ZIP CODE	7 12 44	Las OFFITEN	1 ☐ YES 2 NO OF WHAT COUNTRY?			
FUNERAL	305 E VOPP	A RD-1	Ar: 210	4 821	7369	og. CITZEN	S B A			
3		2. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECENDENT OF HIS		s or No- 14.	RACE — American Indian, Black, White, etc.			
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA		If yes, specify Cuben, Me: 1 TES 2 X NO Sp			Specify: White			
	15. DECEDENT'S EDUCAT	T	44. 0545051710.1141			<u> </u>				
1	(Specify only highest grade co	mpleted)	(Give kind of work	AL OCCUPATION done during most of working ired.)	16b. KIND OF BU	ISINESS/INDUST	HY			
12	Elementary/Secondary (0-12)	College (1-4 or 5+)	Retired		J. Jei	nkins &	Son's			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		MOCIFICA		NAME (First, Middle, Malder					
		Adams		Mary						
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street end Number or Ru	iral Route Number, City or To	vn, State, Zip Cod	e)			
임	Gary E. Adams		4 Apple	Hill Road, E	Belle Mead.	New Je	rsev 08502			
	20e. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSITIO	N (Name of cometery, crematory	or 20c. L	CATION — City				
	1 Buriel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	I from State LC	udon" Park	Cemetery 5-3	30-90 Ba	timore	Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME AND AODRESS OF						
	* Wallace S	Brook	1. 21.	Ruck Towson 1050 York Ro	Funeral Hor	ne, Inc				
	23. PART i. Enter the diseases, or cor	mplications that caused								
	ahock, or heart failure. Lis	st only one cause on as			4		Intarval Between Onset and Death			
	disease or condition and asth)									
,	DUE TO (OR AS A CONSEQUENCE OF)									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate									
8	cause. Enter UNDERLYING CAUSE (Disease or injury	C.H.	· F							
E	that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):							
E	reaulting in death) LAST									
	PART II. Other aignificant conditions	contributing to death b	ut not resulting in t	ne underlying cause given			24b. WERE AUTOPSY FINDINGS			
2					1 YES	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE			
9							OF DEATH? 1 YES 2 NO			
≥ :										
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH	(Check only one)					
SIC		HOSPITAL: [] Inpatient 2 ER/Outp		FHER: Nursing Home 5 Resider	nce 8 Other (Specify)					
Ě	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED			
ВУ	1 Netural 5 Pending 2 Accident Investigation			M 1 YES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stree	t, factory, office	2af. LOCATION (Stree City or Town, State		lural Route Number,			
	4 Homicide determined				150					
COMPLETED	cont only			t the time, date end place, end n my opinion, death occured at			use(e) end menner as stated.			
	29b. SIGNIFURE AND TITLE OF CERTIFIER			Tan Horner	NUMBER	29d, DATE SI				
ш	25th Sighty one rup Title of Centilitien	(.)		29C_LICENSE			GNED (Month, Day, Year)			
m		Koner	o m.o	. Da	8982	D 5	127/90			
TO B	30. NAME AND ADDRESS OF PERSON WHO	/ 1 \		. Da	8982	5	127/90			
m	Erlando	/ 1 \	ERO	. Da	8982 Joseph	5				

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HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	R: After this or death w	IPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL O	TO THE FUNERAL DIRECTO be filed within 72 hours afte	IMPORTANT: If Ite

	7.	1 5	,			2. DATE O	F DEATH DA		ARI .	TIME OF DEATH							
	Jose	ph But	ler			_			0	TA	N						
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. I	-	IF UNDER 1 YE	AR IF UNDER 24 HRS.		Day, Year)	0	HRTHPLA Jountry)	CE (State or Foreig	7						
228 72 1170	1 💢 M 2 🗆 F	41 4	J YRS.			June	29,	1949		Virg	ir						
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOCATION OF D	EATH		9c. COUNTY	OF DEATI	Н							
Seton Hill Manor Nursing Home Baltimore City																	
									100	I. INSIDE CITY							
District of (Columbia		Wa	shine	rton				1.5	LIMITS? YES 2 NO							
10e. STREET AND NUMBER			1	DIIIII	10f. ZIP CODE			10g, CITIZEN			_						
3900 16th Str	eet N	Ta7															
11. MARITAL STATUS	12. WAS DECEDENT		PMEO	12 48	DECENDENT OF HISPA	NIC OBIGINS	(Casally Van	USA		American Indian.	_						
1X Never Married 2 Married	FORCES? 1	YES 2 2	NO	It ye	s, apocify Cuban, Maxic	an, Puerto Ric			Black, W	hita, atc.							
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 -	YES 2 X NO Spec	ify:			Specify:	Black							
15. OECEDENT'S EDU		16a, C	ECEDENT'S	JSUAL OCCU	PATION	16b. F	IND OF BUS	INESS/INDUSTI	RY		_						
(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5 +) A	Give kind of w ie. Do NOT use	ork done durir retired.)	ng most of working												
4			idget	Anal	lvst			Gov									
17. FATHER'S NAME (First, Middle, Last)		130	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		18. MOTHER'S N	AME (First, Mic	ddle, Maiden				_						
Marshall Butl	er					, , , , , ,		,									
19a. INFORMANT'S NAME (Type/Print)	-1	Ta	ON MAILING	Annesee /	reet and Number or Rura	sta M			le)		_						
Delores Webst	er	,			Street					C							
											_						
20a. METHOD OF DISPOSITION Y Burlel 2 Cremetion 3 Ran	noval from State	other	place)		of cemetery, crematory or			CATION — City									
4 Donetton 6 Other (Specify) Fort Lincoln Cemetery Brentwoo								ped,	Md.	_							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY C + O 1/2 × + Page 2 = 2 1 1 2 2 2 2 2 2 2																	
Stewart Funeral Home 4001 Benning Road.N.E.																	
23. PART I. Enter the diseases, or	complications that	coused the c	lesth. Do n							Approximate							
ahock, or heert fellure.	List only one ceu	se on each life	10.		,,,,,					Interval Bety	/08						
IMMEDIATE CAUSE (Final disease or condition	Δ	VII								Onset and D	541						
resulting in death)	aI	IID								2415.							
	DUE TO	OR AS A CONS	EOUENCE OF):						İ							
Sequentially list conditions,	b	OR AS A CONS									_						
if any, isading to immediate cause. Enter UNDERLYING	DOE 10	(OR AS A CONS	EQUENCE OF):													
CAUSE (Disease or Injury	C										_						
that initiated eventa reaulting in death) LAST	DUE 10	(OR AS A CONS	EUUENCE OF):													
Carried in Godan, Exo.	d					·					_						
PART II. Other significent condition	ns contributing to	death but not	resulting i	n the unde	rlying couse given is	n Part I.	24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FIND	NG.						
Seul	ie Owing	1					PERFOR		AW	MILABLE PRIOR TO							
	q Grann	ч					1 YES 2	T NO	OF	DEATH?							
									1 [YES 2 NO							
	HOSPITAL:		I	OTHER:	26. PLACE OF DEATH (C	Check only one,)				_						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?		ER/Outpatient	3 🗆 DOA		Home 5 - Residence	Residence 6 Other (Specify)											
25. WAS CASE REFERRED TO MEDICAL	1 - Inpatient 2 -		26b. TIM	E OF 26 URY	c. INJURY AT WORK?	28d. DEŞC	RIBE HOW I	NJURY OCCURE	ED								
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	26a. DATE OF				YES 2 NO												
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending			INJ	M				28f. LOCATION (Street and Number or Rural Route Number,									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNISH OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF (Month, D	ey, Year) F INJURY — At I				2af. LOCA	FION (Street	and Number or R	IURII MOUN	5 Could not be defarmined building, atc. (Specify)							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 No 27. MANNER OF DEATH 1 Netural 5 Pending 1 Netural Investigation 3 Suicide 6 Could not be	26a. DATE OF (Month, D	ey, Year) F INJURY — At I				2mt. LOCA' City or	FION (Street of Town, State)	and Number or R	IURII FIDUR								
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	26a. DATE OF (Month, D) 26a. PLACE O building,	ey, Year) F INJURY — At atc. (Specify)	home, farm, a	treet, factory	, offica	City or	Town, State)		ura rioui		_						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	26a. DATE OF (Month, Date of Date of SICIAN: To the best of	F INJURY — At atc. (Specify) my knowledge,	home, farm, a	treet, factory	, data and place, and do	City or	o(a) and man	nner as ataled.									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	26a. DATE OF (Month, Date of Date of SICIAN: To the best of	F INJURY — At atc. (Specify) my knowledge,	home, farm, a	treet, factory	, data and place, and do	City or	o(a) and man	nner as ataled.			d.						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	26s. DATE OF (Month, D) 26s. PLACE O building. SICIAN: To the best of attention of	F INJURY — At atc. (Specify) my knowledge,	home, farm, a	treet, factory	, data and place, and do	City of	o(a) and man	nner as atated.	use(a) ar		d.						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	26s. DATE OF (Month, D) 26s. PLACE O building. SICIAN: To the best of attention of	F INJURY — At atc. (Specify) my knowledge,	home, farm, a	treet, factory	, office , data and place, and do lon, death occured at th	City of	o(a) and man	nner as atated.	use(a) ar	nd monner as stat	rd.						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	26a. DATE OF (Month, D. 26a. PLACE O building, SICIAN: To the best of size. On the basis of as	ey, Year) F INJURY — At atc. (Specify) my knowledge, kamination and/c	death occurre	treet, factory	, office , data and place, and do lon, death occured at th	City of	· Yown, State) •(a) and mai	nner as atated.	ONED IM	ord menner as state	rd.						

TAL ALCONDS, T.O. DON 1914,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should not within 72 hours after death with the State Dept. of Health and Merital Hyglene prior to bunial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL AECONDS, F.C. DOX 13139,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cer	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or o

30. NAME AND ADDRESS OF PERSON

MAY 3 1 1990

ESTRE

		. 10	ATE OF DEATH	REG. N		3. TIME OF DEATH
AN	NIE M	BRIDE	765	1000	27 9	8.55 AM
	5. SEX 6. AGE		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month) Day, Year)	0	BIRTHPLACE (State or Foreign Country) South Carol
SINAI HOSPIT	et and number)	98	Balto,	ATH I	9c. COUNTY	OF DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY District of Co	lumbia		own on Location ashington	_		10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1520 3rd Stree	t,N.W.		101. ZIP CODE 2001		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 [YE IF YES, GIVE WAR OR	S 2 X NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexical 1 YES 2 NO Specify	n, Puarto Rican, etc.)	lea or No— 14.	RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		Ille. Do NOT use re	done during most of working stired.)	16b. KIND OF B	USINESS/INDUST	FRY
9th Grade		Retir	ed-Domestic		Priv	vate
17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Melde		
William Bridg 190. INFORMANT'S NAME (Type/Print)	es	106 11411 1010 10	W 1 1 .	lie Mae		
Anne L. Jones		The second secon	3rd Street, N			gton, D.C.
20m METHOD OF DISPOSITION			ON (Name of cemetery, crematory or		OCATION — City	2
1 2 Surial 2 Cremation 3 Ramov	val from State	other place)	Memorial Par			r,Maryland
21. SIGNATURE OF UNERAL SERVICE LICE	NS/E	1	22 NAME AND ADDRESS OF FA	CILITY		2 / 1102 / 2 2011
Lahu Ti	Tours.	1-11	Stewart Fu			
21. PART i. Enter the diseases, or co	cev in	and the death. Do not	4001 Benni			, Approximate
shock, or haert feilure. L. iMMEDIATE CAUSE (Final disease or condition	iet only ona ceuse on	esch line.				interval Batween Onaet and Death
reaulting in desth)	POSSIRL	E ALUTE	MYOCHRICEV	MITHERS.	10x1	1
	DOE TO (OH A:	A CONSEQUENCE OF):	MYOCARTIEN	17/11/0		
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF):		. , , , , , , , ,		
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	S A CONSEQUENCE OF):		Part i. 24a. WAS		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS	S A CONSEQUENCE OF): S A CONSEQUENCE OF): D but not resulting in	tha undarlying cauae given in	Part i. 24a. WAS PERF	AN AUTOPSY	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS	S A CONSEQUENCE OF): S A CONSEQUENCE OF): but not resulting in	tha undarlying cause given in	Part i. 24a. WAS PERF 1 TYES	AN AUTOPSY	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS DUE TO (OR AS Contributing to death HOSPITAL: 1 □ Inpetient 2 PR/O 28a. DATE OF INJUR (Month, Day, Yea	S A CONSEQUENCE OF): S A CONSEQUENCE OF): D but not resulting in utpatient 3 DOA 4 TY 20b. TIME C	26. PLACE OF DEATH (Ch. THER: Nursing Home 5 Residence Y WORK? M 1 YES 2 NO	Part i. 24a. WAS PERF 1 VES eck only one) 6 Other (Specify) 28d. DESCRIBE HOW	AN AUTOPSY ORMED? 2 MO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending	DUE TO (OR AS DUE TO (OR AS Contributing to death HOSPITAL: 1 □ Inpetient 2 PR/O 28a. DATE OF INJUR (Month, Day, Yea	S A CONSEQUENCE OF): S A CONSEQUENCE OF): but not resulting in utpatient 3 DOA 4 Y 28b. TIME (INJURY)	26. PLACE OF DEATH (Ch. THER: Nursing Home 5 Residence Y WORK? M 1 YES 2 NO	Part i. 24a. WAS PERF 1 U YES eck only one) 6 U Other (Specify)	NA AUTOPSY ORMED? 2 NO W INJURY OCCUP et and Number or	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINERY? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC)	DUE TO (OR AS DUE TO (OR AS CONTRIBUTING TO GRACE HOSPITAL: 1 Inpatient 2 ER/O 28a. DATE OF INJUE Month, Day, Yea 28a. PLACE OF INJUE building, atc. (S	S A CONSEQUENCE OF): S A CONSEQUENCE OF): Dut not resulting in utpatient 3 DOA 4 utpatient 3 DOA 4 INJUR IRY — At homa, farm, strepocity)	26. PLACE OF DEATH (Ch. THER: Nursing Home 5 Residence Y WORK? M 1 YES 2 NO	Part i. 24a. WAS PERF 1 VES ack only one) 6 Other (Specify) 28d. DESCRIBE HOW City or Town, Step of the cause(e) and resident to	AN AUTOPSY ORMED? 2 NO V INJURY OCCUP et and Number or le)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)
W. M. = VEVIN TAVE HERREUM

32. REGISTRAR'S SIGNATURE

EIT .

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	1 - STATE REGISTRAR	STATE OF M			TMENT				MENTA	L HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest) THO MAS BURRES	ß			-				2. DATE) /2	3. 220	TIME OF DEATH A:48 D M
	4. SOCIAL SECURITY NUMBER	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. les		t birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		7. DATE OF BIRTH 8. BIR			NCE (State or Foreign			
OR	Se FACILITY NAME (II DOLINSHILITION, GIVE STITUL AND APPLICATION) LEVAND MEMORIAL MOSPITAL				9b. CITY	TOWN O	A LE	ON OF DE	ATH	9c. COUNTY OF DEATH			Н
5	RESIDENCE OF DECEDENT					D / 004T	1011					1 40	d. INSIDE CITY
DIRECTOR	Maryland Prince George's			10c. CI1	V, TOWN C							"	LIMITS?
FUNERAL	100. STREET AND NUMBER 1511 Ballinger Ave	e.				10f	2078					en of wha ed St	ates
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 (IF YES, GIVE WA	YES 2XX	MED		If yes, sp	cify Cuba		n, Puerto	N? (Specify Yes Rican, atc.)	or No—	Black, W	American Indian, Inite, etc.
	15. DECEDENT'S EDUCA (Specify only highest grade of	(TION ompleted)	(G		USUAL O			ng	161	b. KIND OF BUS	INESS/INOL	STRY	
COMPLETED	Elementary/Secondary (0-12) 4th.	College (1-4 or 5+)			ender					Pr	ivate		
S	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NAM		Middle, Maiden	Sumame)		ı
BE	Unknown									nknown			
5	19a. INFORMANT'S NAME (Type/Print) Joyce H. Williams									over, I	7.7	,	0785
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO					XII XX		CATION — C		
	1 Department Cremation 3 Remov	rel from State	other pl	edar	Hill	Cre	emato	orv		Sı	uitla	and, Maryland	
	21. SUMATURE OF FUNERAL SERVICE LICE	Dea	l.S.		22.	NAME AP	O AOORE	SS OF FAC		J.B. Je Landov	enkin	s Fun	eral HOme
	23. PART I. Enter the diseases, or co ahock, or heart fellure. Li	mpications that let only one caus	paused the de se on each line	ath. Do	not antar	tha mo	de of dy	ing, auci	h aa car	rdiac or reepi	ratory arre	at,	Approximata Interval Between
	IMMEDIATE CAUSE/Final disease or condition reaulting in death) e.												UNKADIM
7	DUE TO (OR AS A CONSEQUENCE OF):												
ATIOI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (CAPONIC RENAL FAILURE												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		OR AS A CONSE			LUK							
ERI	resulting in death) LAST d.												
PHYSICIAN: MEDICAL (PART II. Other algnificant conditions contributing to death but not resulting					ing in the underlying couce given in			n Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		AV CC OF	ERE AUTOPSY FINOINGS WALABLE PRIOR TO DIMPLETION OF CAUSE F DEATH? YES 2 NO	
2 ::					-				_				U 124 T U 115
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: ,			OTHE		ACE OF C	EATH (Che	eck only o	one)			
YSI	1 TES 2 NO	1 Inpatient 2/S		_	4 🗆 Nur	sing Hon		saldence		er (Specify)			
ВУ РН	27. MANNER OF DEATN 1 A Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, Da	INJURY y, Year)	28b. TIN	IE OF JURY M		URY AT PRK? YES 2 [□ NO	28d. DE	SÇRIBE NOW I	NJURY OCC	URED	
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF building, o	INJURY — At ho itc. (Specify)	me, farm,	street, fac	tory, offic	•		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				le Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI												nd manner as stated.
BE	296. BIONASUNA AND TITLE OF CENTIFIER	WL M),					ENSE NUN 2 <i>536</i>			29d. DATE	SIGNED MA	On, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	5	E OF OFATH (ITE	M on Cha	Delas		<i>y</i> '		/)		ث ث	1011	10

DHMH-18 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, HOSPITAL DR AT

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Margarita A.

1990

31. DATE FILED (Month, Day, Year) 3

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Belton W. 5 24 90 11:15 P Darvl 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 579-04-1774 XX M 2 F 22 June19,1967 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Francis Scott Key Hospital Baltimore City United States RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d, INSIDE CITY LIMITS? Maryland Prince George's YES 2 NO Upper Marlboro 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101, ZIP CODE 1306 Pickering Circle 20772 United States 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. iben, Mexicen, Puerto Rican, atc.) It yes, specify Cube

1 ☐ YESXXXNO IF YES, GIVE WAR OR DATES Specify BY 3 Widowed 4 Divorced Black COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) lyrs. Student N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) Eddie Louis Belton Brenda Yvonne Males BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Eddie Belton 1306 Pickering Circle Upper Marlboro, Maryland 2077 20cmMETHOD OF DISPOSITION
11 Burlet 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Donation 5 - Other (Specify) Harmony Memorial Landover, Maryland Park 22. NAME AND ADDRESS OF FACILITY J.B. Jenkins Funeral Home 1. SIGNATURE OF FUNERAL SERVICE LICENSEE 7474 Landover Rd. Landover, Maryland 20785 mm 26. PAIT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. Interval Between **Onset and Death** MMEDIATE CAUSE (Final disease or condition Gunshot Wound of Abdomen and Chest DUE TO (OR AS A CONSCOUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 X YES 2 NO 1 X YES 2 NO 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL OTHER: 1 X YES 2 NO 1 Inpatient 2 XER/Outpatient 3 I DOA ng Hame 5 - Residence 8 - Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 5 Pending Investigation 1 Netural 5-24-90 10:08P Subject was shot 1 YES 2X NO BY 2 Accident 281. LOCATION (Street and Number or Rural Apute Number, City or Town, State) 5900 blk. Daywalt Ave., Baltimore City, MD 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) Sulcide 8 Could not be COMPLETED X4XX Homicide street 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 XMEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and menner se stated. 29b. SICHATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

> WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D., Asst.

32. REGISTRAR'S SIGNATURE

Korell,

5-25-90

OCME

111 Penn Street, Baltimore, MD

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FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flour stand death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND REGISTRAR	/ DEPARTM			MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest) LAURA ANNIE		LAD		2. DATE OF DEATH MONTH DA				
	4. SOCIAL SECURITY NUMBER 213-24-2899 5. SEX 1 □ M 2 ★ F 74	.,	UNDER 1 YEAR OTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 10, 191	Co	WEST VA.		
œ	9a. FACILITY NAME (If not institution, give street and number) FREDERICK MEMORIAL HOSPITAL	96.	CITY, TOWN OF	R LOCATION OF D		9c. COUNTY C			
CTO	RESIDENCE OF DECEDENT	7							
FUNERAL DIRECTOR	MD. FREDERICK		AIRY			10d. INSIDE CITY LIMITS? 1 XYES 2 NO			
FRAL	100. STREET AND NUMBER 5807 CORPORAL JONES CT.		101.	21774			SA		
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	ARMED NO		cify Cuban, Maxico	NIC ORIGIN? (Specify Yea an, Puarto Rican, atc.) ly:	or No 14. F	RACE — American Indian, Black, Whita, atc.		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	DECEDENT'S USL (Give kind of work life. Do NOT use rei	done during mos tired.)	INESS/INDUSTR	ay .				
BE CON	17. FATHER'S NAME (First, Middle, Lest) SEYMOUR SHREVE			16. MOTHER'S NA CLARA	HAILEY	Surname)			
TO B	19a. INFORMANT'S NAME (Type/Print) THOMAS C. BLADEN, SR.	196. MAILING ADI	AS #10	nd Number or Rural	Route Number, City or Town	n, State, Zip Code	9)		
	1 DBurlai 2 Cremetion 3 Removal from State other	place)	mel Cem	etery, cremetory or	St	cation — chy c unshine			
	21. SIGNATURE OF FUNERAL SERVICE LICENSELY	1/	22. NAME AN MURIEI	H. BAR	BER FUNERAL		VILLE,MD,2088		
	23. PART I. Enter the disessés, or complications that caused the shock, or heart fellure. List only one cause on each limited linear cause (Final disesse or condition resulting in death) e. ARTERIO	ne.	enter the mo	de of dyling, euc	ch as cerdiac or respi	ratory errest,	Approximate Interval Between		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING IMMEDIATE CAUSE (Final disease) ARTERIO DUE TO (OR AS A CONS DUE TO (OR AS A CONS DIA BE TE	SEQUENCE OF): SEQUENCE OF):	CAR.	DIO VAS	CULAR :	DISEA	956		
ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST								
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to deeth but no FRACTURE - H, P - OF					RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	0	26. PL THER:	ACE OF DEATH (C	heck only one)				
	1 Ves 2 NO 1 Inpatient 2 ER/Outpetlant 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Investigation	26b. TIME O	F 26c. INJ		6 Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCURE	ED .		
TED BY	2 Accident	home, farm, atre-	ome, farm, atreet, factory, offica			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the best of examination and/						use(s) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Roberts			D 098		≥ 0 5	SNED (Month, Day, Year) 7/25/90		
F	15 W 7th Street Frede		M C	121	701-45	79			
	31 MAY 3 1 1990 July Davidson Ander								

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	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacht in filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	OR.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi e filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	Hen
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	1 - STATE REGISTRAR		STATE OF N		/ DEPAR					MENTA	REG. NO.					
	1. DECEDENT'S NAME (First,	Middle, Last)					-			OF DEATH			3. TIME	OF DEATH	٦
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	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. le		IF UNDER		IF UNDER			OF BIRTH		B. BIRTH	PLACE (S	tate or Foreign	٦
	052 03 512	8	1X M 2 🗆 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	97	28/190	14	Tur	key		1
	9a. FACILITY NAME (If not in	stitution, give	street and number)			9b. CITY	, TOWN C	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF DI	EATH		┑
E I	University	Conv	alescent	& Nursi	ng Ho	me	W	neato	n				Mon	tgon	nery	1
DIRECTOR	RESIDENCE OF DEC	10b. COUN				W TOWN					^		1	40.1 1110	OF AITH	7
ш	Maryland		gomery		10e. CIT	Y, TOWN C			Spr	ring			- 1	LIM	IDE CITY	
	10e. STREET AND NUMBER	Home	gomery		<u> </u>		-	. ZIP CODI		Tug		10- 0171	ZEN OF W		S 2 NO	\dashv
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FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN II S. A	RMED	12	WAS DEC	ENDENT C			17 (Specify Yea	or No				\dashv
	1 Never Married 2 💢	Married	FORCES? 1	YES 2	NO	7.0	If yes, sp	ecity Cuba	n, Mexican Specify	n, Puarto I	Rican, atc.)	01 110	Black		ican Indian, itc.	-1
8	3 Widowed 4 Divo	rced		1920 th	ru Ja				ороспу				Open	ry.	White	
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COMPLETED	17. FATHER'S NAME (First, M		act t								Middle, Maiden S	Surname)				- [
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2	19m. INFORMANT'S NAME (1 Jillie BenB		+								ber, City or Town				d 2090	,
	29a. METHOD OF DISPOSIT				E OF DISPO		-			DIIV			City or To		· · ·	-
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- 1	21. SIGNATURE OF FUNERA		LICENSEE	_ 0 440						CILITY						
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	iMMEDIATE CAUSE (Fit disease or condition	nel	110.		4	- 0	<i>Q</i> —	- 1	(-					1	nset and Deat	
	resulting in deeth)	→	a. W W)	OR AS A CONS	EQUENCE C	E I		rej,	750	<i></i>	1			6	Monu	4
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2	Sequentielly list condit if any, leeding to imme		DUE TO	(OR AS A CONS	EOUENCE C	OF):		33		/	,					7
S	cause. Enter UNDERLY CAUSE (Disease or inju	ING	0)50	MIC	- 6	jas	n	8	Smo	dr	on					
	thet initieted events		(DIE TO	(OR AS A CONS	EOUENCE C	OF):		6	9							- 1
CERTIFICATION	resulting in deeth) LAS	"	d													_
	PART ii. Other eignifice	ent conditi	one contributing to	death but not	resulting	in the u	nderiyin	g ceuse	given in	Part I.	24s. WAS AN		24b		JTOPSY FINDINGS	\exists
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PHYSICIAN: MED																- 1
X	25. WAS CASE REFERRED T	O MEDICAL					26. Pf	LACE OF E	DEATH (Ch	eck only o	ne)					╛
Sic	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	4 Nu		10 5 🗆 R	lesidenca	B 🗆 Othe	er (Specify)					
	27. MANNER OF DEATH		28a. DATE OF (Month, D		28b. TII	ME OF	28c. IN.	URY AT		28d. DE	SCRIBE HOW II	NJURY OC	CURED			
ВУ	1 Natural 5 Accident	Pending Investigation				М		YES 2	□ NO							
		Could not b	28a. PLACE C building.	of INJURY — At the etc. (Specify)	home, farm,	street, fec	ctory, offic	em .			CATION (Street a or Town, State)	ind Numbe	r or Rural I	Route Nun	nber,	
	4 Homicide	detarmined														4
COMPLETED	CONDUCTORING /	TIFYING PHY	YSICIAN: To the best of	my knowledge,	death occur	red at the	time, data	and place	e, and due	to the ca	iuse(a) and men	ner aa ste	rted,			-
0	one) 2 MED	ICAL EXAMI	INER: On the basis of a	xamination and/o	or investigati	lon, in my	opinion, o	death occu	red at the	time, deta	a and place, an	d due to t	he cause(i	e) and me	nner as stated.	- 1
ш	296. SIGNATURE AND TYPE	tor come	men /	. 1	in	Š.		29c. LIC	ENSE NUI	WBER .		29d. DAT	TE SIGNED	(Month, I	Day, Year)	\exists
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5	30. NAME AND ADDRESS O							_						0.0 = -		7
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after deat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun he find within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical exa-

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 24 DAY CLARENCE BRINEGAR 90 YEAR 6. AGE (In yrs. lest birthday, 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 58 1 M 2 - F 236-48-1912 YRS. Feb. 24 W. Va 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HARFOR GEN FALLSTON HOSPITAL ALLSYON DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore Kingsville 1 TYES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 16g. CITIZEN OF WHAT COUNTRY? 12208 Sample Lane 21087 S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, alc. FORCES? 1XXYES 2 NO IE YES, GIVE WAR OR DATES 1952-1954 If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married
3 Widowed 4 Divorced 1 TYES 2 NO Specify: Specify: BY white COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15, DECEDENT'S EDUCATION (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) ll yrs. Mechanic T 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Albert Brinegar Gladys Adkins BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Mrs. Louise Brinegar 12208 Sample Lane Kingsville Md 20s. METHOD OF DISPOSITION
1 Defriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State ADKINS CEM. EVERETT ne Co. W. Virginiu 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E. F. Lassahn 11750 Belair Rd. Kingsville, Md. 27087 Home 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, Approximate shock, or heart fallure. List only one cause on each line. Interval Betwe Onset and Death **IMMEDIATE CAUSE (Finsi** diseasa or condition reaulting in death) OUE TO GOR AS A CONSEQUENCE LOP 3D CERTIFICATION Sequentially list conditions if sny, lasding to immediata 184.33 cause. Enter UNDERLYING CAUSE (Disesse or injury resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b, WERE AUTOPSY FINDINGS 24a, WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO etlant 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCUREO Natural 5 Pending М 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide LETED 6 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, BE a 2

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Savidson-Randelle

303

Bul

MY

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	H H	WITH 12 hours after Dearn with the State begue on regall and wenter hyperic pilot to bolids, cellerons.	IPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPIT	TO THE FUNERA	be filed within /	IMPORTANT: 1

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				YGIENE EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		A			2. DATE OF D	EATH DAY	YEAR	3. TIME OF DEATH
		Bruehl	CLAUDINE	BRI	JEHL	5 -		990	2:37pm
	marine socialists in the	SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day,	Year)	Countr	IPLACE (State or Foreign Y) RMANY
	9a. FACILITY NAME (If not institution, give street		96		R LOCATION OF DE	ATH		OUNTY OF D	
DIRECTOR	Baltimore County Gen.	and Hospital		Kanda	Ilstaun		Da	itim	ore
Б	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, CITY, TO	OWN OR LOCAT	ION				10d. INSIDE CITY
E	Md. BALTI	MODE	1	OCHEARI	J				LIMITS?
	10e. STREET AND NUMBER	MORE			ZIP CODE		10g. C	ITIZEN OF V	VHAT COUNTRY?
EH	6811 CAMPFIELD RD.				21207			11.	S.A.
FUNERAL	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		ENDENT OF HISPAN			14. BACE	E — American Indian, k, White, atc.
BYF	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT		1 TYES			, etc.)	Speci	My:
	18. DECEDENT'S EDUCAT	TON T	16a. DECEDENT'S USU	IAL OCCUPATIO	M.	105 KINI	OF BUSINESS/I		HITE
	(Specify only highest grade con	npleted)	(Give kind of work life. Do NOT use re	done during mod tired.)	st of working	TOLL KANG	OF BUSINESS/I	NOOSINI	
<u> </u>	(UNKNOWN)	College (1-4 or 5+)	HOUSE V	VIFE					
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA				
BE C	CLAUS SCHLEEF				ELL	A BREI	TENSTEI	N	
10 B	19a. INFORMANT'S NAME (Type/Print)				nd Number or Flural F				
F	GORDON NARVESEN		5201	HARFOR	D RD. BA	LIIMOR	E MD. 2	.1214	
	20a. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remove	I from State	PLACE OF DISPOSITION Other place)				20c. LOCATION		- Carlotte
	4 Donation 5 Other (Specify)		ARDENS OF			-	ROSSVIL		ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICEN	DENNIS CA	PITANO		ID ADDRESS OF FA	BAL	TIMORE		21214
	Demistro	Tetaro		LEON/	ARD J. RI	UCK INC	5305	HARF	ORD RD.
	23. PART i. Enter the diseases, or con- shock, or heart failure. Lis			enter the mo	de of dying, suc	h aa cardiac	or respiratory	arrest,	Approximata interval Between
	IMMEDIATE CAUSE (Final								Onset and Death
	disease or condition resulting in death) a	COADIOS DUE TO (OR AS A	enic	Sho	ck				
O	Sequentially list conditions,	JSCA 4 7 /	CONSEQUENCE OF:	D. 00 0	100011	7.			
ATI	If any, leading to immediata cause. Entar UNDERLYING	1902							
띮	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST								
	PART II. Other significant conditions of	contributing to death by	at not requiting in t	he underlying	cause given in	Part I 24s	. WAS AN AUTOPS	RV 241	, WERE AUTOPSY FINDINGS
SE	TAIT II. Other significant continuous	John Today to death of	at not resulting in t	ne uncertynn	y cadeo given in		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						10	YES 2 MO		OF DEATH?
Σ						-			1 TYES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	neck only one)			
Sic	EXAMINER? 1 YES 2 NO 1	IOSPITAL:		THER:	e 5 🗆 Residence	S Other (Sp	ecify)		
ΉÝ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ	URY AT	28d. DESCRIE	BE HOW INJURY	OCCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	(2337		YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec		et, factory, offic	•		N (Street and Num wn, State)	ober or Rural	Route Number,
ETE	4 Homicide determined								
COMPLETED	29a. CERTIFIER (Check only								
O	2 MEDICAL EXAMINER:	On the basis of examination	and/or investigation, i	n my opinion, d	leath occured at the	time, data and	place, and due to	o the cause(a) and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. [DATE SIGNE	D (Month, Day, Year)
TO B	allan y cli	Mens	m.D.		029	085			
_	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pri		'ni	_ 74			
	19/16n J. C/	hine us	M.D.	Be	11. C	conty	6 -	~~~	. /
	MAY 3 1 1000	32. REGISTRAR'S SIGNA	Date.						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$3.74\text{tr} s after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIE
-	REGISTRAR	CERTIFICATE OF DEATH	REG. N

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF) MEN	HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest) MARIE	P. CORBI	V						25	YEAR	3. TIME OF DEATH 8:25AM M
	4. SOCIAL SECURITY NUMBER 579-50-3506	¹□ M XXX 6	(In yrs. last birthday) YRS.		DAYS I	IF UNDER 24 HRS	. M	ATE OF BIRTH (Month, Day, Year)		No	rth Carolina
TOR	98. FACILITY NAME (If not institution, give PRINCE GEORGE S	HOSPITAL CEN	NTER		EVER!	LOCATION OF		RINCE	E GEORGE'S		
DIRECTOR	10s. STATE 10b. COUNT	xe George's		10c. city, town or location Seat Pleasant							16d. INSIDE CITY LIMITS? TYPES 2 NO
RAL	10e. STREET AND NUMBER				10f. 2	CIP CODE					WNAT COUNTRY?
BY FUNER	810 Booker Drive 11. MARITAL STATUS 1	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR E	IN U.S. ARMED 2 DIO DATES	H		Ify Cuban, Max	PANIC O	RIGIN? (Specify Yearto Rican, atc.)		14. RACI	States E — American Indian, k, White, atc. #//: Black
PLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (9-12)	College (1-4 or 5+)	Ille. Do NOT u	work done de ise retired.)	uring most	of working		16b. KIND OF BU			
COMPL	17. PATHER'S NAME (First, Middle, Leat)	4yrs.	Teacher	Secr			NAME (Private First, Middle, Melde		Weide	W2015
BE	Allen Brown	1	T 195 MAII IN	A ADDRESS	(Street and	Matti		uriel Number, City or To	um State 7	n Codel	
2	Ernest James Henr	v Corbin.Sr.						asant. 1			
	Rea_METHOP OF DISPOSITION 4 Dursel 2 Cremation 3 Rea 4 Definesion 4 Other (Specify)	movel from State	b. PLACE OF DISPO	ort Li	ne of ceme	tery, crematory	or	20c. L Bl:	ocation – adens	burg	, Maryland
	21. SGNATURE OF FUNERAL SERVICE L	Sen Deal	1								neral Home ylnd 20785
ERTIFICATION	23. PART I. Enter the diseases, or shock, or heart fellure immediate cause or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Carcho DUE TO (OR AS	A CONSEQUENCE O	DE):							Approximate interval Between Onest and Death
MEDICAL C	PART II. Other significant condition	ons contributing to death	but not resulting	In the und	derlying	cause given	in Part		N AUTOPSY DRMED? 2 NO	248	AWRIE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 \(\sum \text{NO} \)	HOSPITAL:		OTHER	1:	CE OF DEATH					
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 Inpetiant 2 PER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. TI		28c. INJUI WOR	RY AT	_	Other (Specify) d. DESCRIBE HOW	INJURY O	CCURED	
	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, ecify)	street, facto	ory, office		281	LOCATION (Stree City or Town, Stat		er or Rurai	Route Number,
COMPLETED		SICIAN: To the best of my know IER: On the besin of examination									s) and manner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIED MIGNIFICATION - 1	en fing MK)			D21	Z a	30	29d. DA	TE SIGNE	C.5/9D
-	Thurst & Kan	HO/COMPLETED CAUSE OF D	500 9L	De plint)	MI	H. Op	Sa	r. Mid	かり	4	8
	MAY 3 1 1990 ful	32. REGISTRAR'S SIG	NATURE			7	U				

DIVISION OF VITAL PLOCATED, T.O. DON 19149, DALIMONE, MARIE LAND 21203-3140	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-riours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the huneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	IPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL PLOOPE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by be filed within 72 hours after death with the State Dept. of Health and	IMPORTANT: If Item 28 is marked, or Item 23 shows any	

	FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTM			MENTAL HYGII		
	1. DECEDENT'S NAME (First, Middle, Lest) Mary	T. Clar	K			2. DATE OF DEATH	24 2	EAR 9/2 0 M
	4. SOCIAL SECURITY NUMBER 412-563-347	5. SEX 1 M 2 F 7 9	YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/4/11		BIRTHPLACE (State or Foreign Country) TENN.
OB		general Hosp	rital (1	PLOCATION OF DE	ATH	9c. COUNTY	y of DEATH Ward
DIRECTOR	10a. STATE 10b. COUNTY	ward		WN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER	ock Way			ZIP CODE 2/045			N OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, apo		IIC ORIGIN? (Specify n, Puarto Rican, etc.)	Yea or No- 14	S.A. BACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) 16a College (1-4 or 5+)	DECEDENT'S USU (Give kind of work of life. Do NOT use reb	done during mos		16b. KIND OF	BUSINESS/INDUS	STRY
BE CON	17. FATHER'S NAME (First, Middle, Last) FRANK SEAL					ME (First, Middle, Main MATHUS	den Surname)	
2	19a. INFORMANT'S NAME (Type/Print) BOBBIE HELMS (da	ughter)				Route Number, City or Columbi		
	20e. METHOD OF DISPOSITION 1	oval from State other	ACE OF DISPOSITIO or place)				LOCATION — Cit	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	Ware			ANATOMY		BALTO.,	MD. 21201
	23. PARD I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List Dnly one cause Dn each	iina.			h as cardiec or re		Interval Between Onset and Daath
RTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that inlitiated events	DUE TO (OR AS A COM						
CERT	resulting in death) LAST	d						
DICAL	PART II. Other eignificent condition DIABET	ES MELL		na undariying	g cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: MEDIC	HYPERT	ENSION				_		1 TES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 1 Inputiont 2 - ER/Outpatier	nt 3 🗆 DOA 4 🗀	THER:	ACE OF DEATH (Ch	eck only one) 8 Other (Specify)		
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	M 1 1	RK? (ES 2 NO	26d. DESCRIBE HO	W INJURY OCCU	RED
	3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJURY — A building, atc. (Specify)	it home, farm, stree	t, factory, offic		28f. LOCATION (Str. City or Town, St	eet and Number or ate)	Rural Route Number,
COMPLETED	anal and	CIAN: To the best of my knowledge R: On the besis of axamination and						
TO BE	296. SIGNATURE AND TITLE OF CERTIFIED Maurice 30. NAME AND ADDRESS OF PERSON WH	Mee 1	np	art I	P38	- 1	29d. DATE S	BIGNED (Month, Day, Year)
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR						
		ule Tevidoon-Randa						DHMH-18 Rev 1/8

Ter er TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR KARI	EN J.	CAFFREY	MAKTLA					DEAT		IEN IA	REG. NO.	E			
	1. DECEDENT'S NAME (First,		/	7							2. DAT	E OF DEATH		YEAR	3. TIME OF DEATH	
		Care	un J. L	0/1	rey	3.,					3	27	7	90	6:26 P.H	
	4. SOCIAL SECURITY NUMB	ER	5. SEX		n yrs. lesi birti		IF UNDER	1 YEAR	IF UNDER	24 HRS.		E OF BIRTH oth, Day, Year)		6. BIRTI	HPLACE (State or Foreign	
	186-52-679		1 □ M 2 💢 F	2	8 Y	rs.		9/29/						/ Penn.		
~	9e. FACILITY NAME (If not in		- /	. 11	- 4		9b. CITY			ON OF DE	ATH '			INTY OF E		
0	Montgone PESIDENCE OF DEC		General	A	Open			OLN	EY				1116	17779	mery	
DIRECTOR	10a. STATE	10b. COUNT	Y		10	c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY	
븝	MD.	MONT	GOMERY			G	AITH	ERSE	URG						LIMITS? X	
A.	10e. STREET AND NUMBER				•			101	ZIP CODI	E			10g. CIT		WHAT COUNTRY?	
E	25905 L	ONG CO	ORNER ROA	D					208	79				J	JSA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo	Married roed	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 NO	1		If yes, sp	ecify Cuba		, Puarto	IN? (Spacify Yea Rican, atc.)	or No—	14. RAC Blac Spec		
	15. DEC	EDENT'S EDU	JCATION		16a. DECEDI	ENT'S	USUAL O	CCUPATIO	ON		16	b. KIND OF BUS	INESS/IN	DUSTRY	White	
	(Specify only Elementary/Secondary (0	highest grade	completed) College (1-4 or 5 d	-)	(Give ki	ind of	work done se retired.)	during mo	st of worldr	ng						
7	12	,		0	HOM	EMA	KER							HOM	3	
COMPLETED	17. FATHER'S NAME (First, M								18. MOT	HER'S NAI	AE (First	Middle, Maiden	Surname)			
BE C	VINCENT	SEEZ(JX						JE	NNIE	U	FNER				
TO B	19a. INFORMANT'S NAME (Type/Print) JOSEPH A. CAFFREY 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) SAME AS # 1 0															
	20a. METHOD OF DISPOSIT		noval from State	20b.	PLACE OF D									,	own, State	
	4 ☐ Donation 5 ☐ Other	(Specify)		-	METR	OPC	_							RIA,	VA.	
	21. SIGNATURE OF FUNERA	rel H	Bar	h	w	/						FUNER.			ILLE,MD.208	
CERTIFICATION	iMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injutation initiated events resulting in death) LAS	dona, dilete	b. DUE TO	(OR AS A	CONSEQUEN	NCE O	। निः	t	C	duc	er				Onset and Deat	
MEDICAL	PART II. Other algnifica	nt conditio	d. na contributing to emia	death bu	ut not reeu	iting	in the u	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFOR	RMEO?	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:				CT:		ACE OF C	EATH (Che	ick only	one)				
YSI	1 🗆 YES 2 💢 NO		1 Inpatient 2	ER/Outp	ationt 300	DOA	OTHE 4 □ Nu		6 5 🗆 R	aldenca	8 🗆 Ot	her (Specify)				
РНУ	27. MANNER OF DEATH 1 Netural 5	04	28a. DATE OF (Month, D	ay, Year)	26	Bb. TIN	JURY	28c. IN.	URY AT		28d. D	ESCRIBE HOW I	NJURY O	CCURED		
B		Pending Investigation					М		YES 2	ND						
ED		Could not be detarmined	28e. PLACE C building,	etc. (Spec	— At home,	farm,	atreet, fac	tory, offic	•		28f. LC	CATION (Street by or Yown, State)	and Numbe	er or Rurai	Route Number,	
	29a. CERTIFIER															
COMPLET	enel		SICIAN: To the best of												(e) and manner se stated.	
	296. SIGNATURE AND TITLE			_												
TO BE	20. NAME AND ADDRESS O	0	Orm	link	m)	Dale 4		MI	ENSE NUM	16	12	29d. DA	5 /c	28/90	
	Theles 1	1	odish		981 (d/ A	PAL -	SAL	du S	pring	P	1.	0/-	1	111	
	11. DAYE FILEO (Month, Day,		32. REGISTR/		ATURE	-/ -1	7		7	1	, , (2	, ()	× , /'	14	

	42	-
63	within	aladala.
2	xecuted	and anon
<	96	-
	certificate	Alan almain
	death	-
0	the	4
	that	4
	requires	
	MP	4
Ž	The	4
DIVISION OF VITAL RECORDS, F.C. BOX 13149,	SSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24	The second secon
200	NITENDING	
=	OR /	-
	SPITAL	

		FOR STATE REGISTRAR	STATE OF MARY				HEALTH AND DEATH	MENTA	REG. NO.	E				
		1. DECEDENT'S NAME (First, Middle, Last) Anthony			C/	AP.		2. DATE May	of OEATH	199		9:15 A M		
9		4. SOCIAL SECURITY NUMBER 217 26 7038	1 🛣 M 2 🗆 F	(In yrs. lest 58	YRS.	DAYS	IF UNDER 24 HRS HOURS MIN.	12	767731	B	alto.	Co Md		
2, 3 should	TOR BO	9a. FACILITY NAME (If not institution, give s Franklin Square RESIDENCE OF DECEDENT		nter			on Location of			Balt	imor			
. Pages 1,	DIRECTOR	10a. STATE 10b. COUNTY	timore		10c. CITY,	TOWN OR LOCA	ATION				200	I. INSIDE CITY LIMITS? YES 2 X NO		
physician. burial-transit permit, Pages 1,	FUNERAL	10e. STREET AND NUMBER 25 "B" Glenwood				1	01. ZIP CODE	1		10g. CITIZEN		COUNTRY?		
	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	8 2 N	MED O	If yes, s	CENDENT OF HISI specify Cuben, Max S 2/200 Spe	icen, Puerto	N? (Specify Yes Rican, atc.)	or No- 14.	RACE — Black, WI Specify:	American Indian, hita, etc.		
ital or attending of for use as the	LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(GI	ve kind of wor Do NOT use i		nost of working	16	b. KIND OF BUS					
by the hospital be detached fo at once.	COMPL	17. FATHER'S NAME (First, Middle, Last) Frank Cap			306	vadore	18. MOTHER'S		Middle, Maiden	Surname)	CLIII	8		
retained 5 should notified	TO BE	19a. INFORMANT'S NAME (Typo/Print) Helen Browning	(sister)	105			and Number or Rui	ral Route Nur	nber, City or Town	n, State, Zip Co	cek land 21221 lion — City or Town, Stata imore Maryland PA 21221 timore Maryland			
age 6 may be director, page er must be		20a, METHOD OF OISPOSITION OC Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20	Ob. PLACE	OF DISPOSIT	ion (Nama of c	Mary Ce	» meter	y Ba.	cation — city ltimor	or Town,	Stata		
funeral tramin		21. SIGNATURE OF FUNERAL SERVICE L	PENSEE		h		and address of dzinski 7 Old Ea				re 1			
ned within 24 hours after of completely filled in by the lal, cremation, or removal.		shock, or heert feilure. Liet only one/ceuse on e/ch line.												
e be executed sician and con rior to burial, traumatic ev	RTIFICATION	Sequentially liet conditions, if any, leading to immediate ceuse. Enter UNDERLYING b. Sepsis DUE TO (OR AS A CONSEQUENCE OF):												
e death c he attendi Mental Hy jury, or	AL CER	PART II. Other significent condition	dne contributing to desth	but not r	esulting in	the underlyi	ing ceuse given	In Part I.	24a. WAS AN			RE AUTOPSY FINDINGS		
requires that ten signed by of Health and	MEDIC								PERFOF	X	CO OF	ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO		
SICIAN: The law certificate has be not the State Dept.	'SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:	utpatient 3		OTHER:	PLACE OF DEATH				1			
DING PHYSICIA After this certification with the s marked, or	ву РНУ	27. MANNER OF OEATH 1 X Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year	Y	28b. TIME INJUI	YY V	NJURY AT WORK? YES 2 NO	28d. Di	ESCRIBE HOW I	INJURY OCCUI	NED			
OR ATTENDING PHY DIRECTOR: After this hours after death with	50	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJUI building, atc. (St	RY — At ho pecify)	ma, ferm, etr	eet, factory, of	fice		CATION (Street in the street of the street o		Rural Rout	e Number,		
3 1 2 E	COMPLET	one)	ER: On the beels of axaminet								ause(a) en	nd manner es stated.		
TO THE HOSPITA TO THE FUNERA DE filed within 7 IMPORTANT: I	TO BE C	296 STONATURE AND TITLE OF CERTIFIE	Yue C	off	fly	MD	29c. LICENSE		4			onth, Day, Year) 1990		
	μ.	30. NAME AND ADDRESS OF PERSON WI Dr. V. McCaffr	ey 9000	Hyank	lin S	quare	Drive, E	Baltin	nore, M	1D 212	37			

DOW. ROSERT 9 14760 NTAL HYGIENE

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH	E
_			_

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	•					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN				
	ROBERT		DOW			MAY 2	7. 1990	40 40				
8	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.000	THE ACE (Class or Familia)				
- V	248-50-3610	1 🛛 M 2 🗌 F	67 YRS.	MONTHS DAYS	HOURS MIN.	(Morith, Day, Year) 06 - 06 - 2	Cou	S.C.				
	9a. FACILITY NAME (If not institution, give str	reet and number)	0,7	96. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF	DEATN				
1 5	THE JOHNS HOPKIN	S HOSPITAL		BAT.T	IMORE		BALTIM	TIMORE CITY				
151	RESIDENCE OF DECEDENT											
DIRECTOR	10s. STATE 10s. COUNTY 10c. CITY, TOWN OR LOCATION 10d.											
	MD		BA		E, CITY		LIMITS?					
FUNERAL	100. STREET AND NUMBER 201 N. WASHIN	IGTON ST.	APT.706	1	21231		USA					
3	11. MARITAL STATUS	12. WAS DECEDENT EV				HC ORIGIN? (Specify Yes	or No— 14. RACE — American Indian, Black, White, atc.					
BY F	1 🔀 Never Married 2 🗌 Married 3 🗍 Widowed 4 🗍 Divorced	FORCES? 1 1 1	OR DATES		pecify Cuben, Mexica S 2 X NO Specif	BLACK						
유	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. OECEOENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUSTRY	,				
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during r se retired.)	nost of working							
COMPLET	9th GRADE		DRI	VER								
0 0	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meiden COPELA	Sumame)					
BE	EDGAR DOW											
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stree	and Number or Rural	ST. APT	m, State, Zip Code)	LTO. MD ²¹²³¹				
-	SAMUEL DOW		20b. PLACE OF OISPO					,				
	20s METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	BUTUS,	DN — City or Town, Stata									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	WM.C.MARCH F.H. 1101 E. NORTH											
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.												
		intarval Between Onset end Death										
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Hupper	cul comia					23 motos				
	disease or condition resulting in death) a. Hyper cul comia but to (or as a consequence of): multiple myelma 23											
Z	Sequentially list conditions,	· Multipl	e myel	ma	_	NO MUNIS						
CERTIFICATION	If any, leading to immediata cause. Enter UNDERLYING	OUE TO JOR	AS A CONSEQUENCE O	F):								
일	CAUSE (Disease or Injury	RQ) OT BUO	AS A CONSEQUENCE O	fi:								
<u>₽</u>	that initiated events resulting in death) LAST	6.5 E.S.		,								
빙		4										
	PART II. Other significent condition	- 4		In the underly	ng cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDR TO				
DICAL	Chronic Kan					1 _ YES :	2 🗆 NO	COMPLETION DF CAUSE OF DEATH?				
ME	Coronary Ar	try Di	Seval					1 - YES 2 - NO				
ż		0										
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C)	eck only one)						
S	1 YES 2 NO	1 Inputient 2 ER	/Outpetlent 3 🗆 DOA	OTHER: 4 - Nursing H	ome 5 🗆 Residence	6 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Y	JRY 28b. TIR		NJURY AT YORK?	28d, DESCRIBE HOW	INJURY OCCURED)				
BY	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO							
	3 Suicide 8 Could not be	28e. PLACE OF IN. building, etc.	JURY — At home, farm, (Specify)	street, factory, of	Tce	281. LOCATION (Street City or Town, State	and Number or Flur	ral Route Number,				
COMPLETED	4 Homicide determined											
P	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my	knowledge, death occur	red at the time, de	te and place, and du	to the cause(s) and ma	mner as stated.					
O	one) 2 MEDICAL EXAMINE	R: On the basis of exami	nation and/or investigati	on, in my opinion	, death occured at the	time, date and place, a	nd due to the cour	se(s) and manner so stated.				
	296. SIGNATURE AND OTTLE OF CERTIFIER	Coone			29c. LICENSE NU	MBER	29d. DATE SICH	NEO (Month, Day, Year)				
) BE	Parl	8 / runs			pena	tn (D 5/;	27/90				
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE D	F DEATH (ITEM 27) (Typ) S HOSPIS	all I	1	0		,				
	AINDATE FILED (MODER ANY YOU')	32. REGISTRANS	AUGNATURE									
1	HI 2 T 182165 140	July work										

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAR				CERTI	FICAI	E OF	DEA	ın		REG. NO.				
	1. DECEDENT'S NAME (First,		UIID DAUT	DCON						2. DATE O	DA		YEAR	3. TIME OF DEATH	
			HUR DAVI							4	22		90	11:10P M	
20	4. SOCIAL SECURITY NUMBER 578-14-3695		5. SEX 1	6. AGE (In)	yrs. lest birthday YRS.	MONTHS	DAYS	HOURS	MIN.		Pey, Year)		6. BIRTI		
		9e. FACILITY NAME (If not institution, give street and number)						OR LOCATI	ON OF DE		0/12	9c, COU	NTY OF E		
<u> </u>							iom i	TITLE					ANIATE A DIENIE VIE		
8 1	1049 BACK BAY BEACH ROAD RESIDENCE OF DECEDENT						12.1 I	RIVER				ANN.	ANNE ARUNDEL		
DIRECTOR	MD.	ANNE	ARUNDEL		11.00		Y, TOWN OR LOCATION ST RIVER							10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10e, STREET AND NUMBER						101, ZIP CODE					10a. CIT	IZEN OF Y	WHAT COUNTRY?	
FUNERAL	1049 BACK BAY BEACH ROAD						20778					U.S.A.			
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.	S. ARMED	13.				NIC ORIGIN?	(Specify Yee	/se or No — 14. RACE — American Indian, Black, White, atc.			
2	1 Never Merried 2 Merried FORCES? 1 A YES 2 NO IF YES, GIVE WAR OR DATES							S 2 € NO			cen, etc.)		Spec		
3		DENT'S EDU		10			USUAL OCCUPATION 166. KINE					SINESS/INC	DUSTRY		
	Elementary/Secondary (9-		College (1-4 or 5	+)	Ille. Do NOT	use retired.	work done during most of working see retired.)								
COMPLETED	17. FATHER'S NAME (First, Mic			18. MOTHER'S NAME (First, Middle, Meiden Surname)											
BE	WILLIAM DA	AVIDSO	N					LU	LU S	AFLEY					
	190. INFORMANT'S NAME (7)										r, City or Town				
2	ESTA DAVIDS		spouse)		1					Rd., W	est R				
	20a. METHOD OF DISPOSITION 1 Description Comparison	OSITION (A	(Name of cemetery, cremetory or 20c. LOCATION — City or Town, Stat						own, State						
	21. SIGNATURE OF FUNERAL		CENSEE)		22	, NAME A	ND ADDRE	SS OF FA	CILITY					
	1 Jan		STAT	CE AN	ATOM	Y BOA	RD, B	ALTO	., M	D. 21201					
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									rest,	Approximate Interval Between Onset and Death					
2 2	Sequentially list conditions, if sny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):														
3	cause. Enter UNDERLY!	NG	c												
CERTIFICATION	that initiated events resulting in death) LAST		DUE TO	(OR AS A C	ONSEQUENCE	OF):	FF):								
		_	d												
- 1	PART II. Other significes	nt condition	e contributing to	deeth/but	not resulting	g in the u	inderlylr	ig cause	given in	Part I.	24a, WAS AN PERFOR		241	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDICAL			///	afet	8.00						1 TES 2			COMPLETION DF CAUSE OF DEATH?	
ME														1 YES 2 NO	
PHYSICIAN:															
3	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	ra- writing		OTHE	R:		2000	neck only one,					
2	1 YES 2 NNO		1 Inpetient 2			1			esidence	6 Other					
BY P	1 Natural 5 1	Pending rivestigation	(Month, E	lay, Year)	200.	IME OF NJURY M	W	JURY AT ORK? YES 2 [□ NO	28d. DE\$C	RIBE HOW I	NJURY OC	CURED		
	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)						ctory, offi	Ce		26f. LOCA City or	TION (Street of Town, State)	and Numbe	mber or Rural Route Number,		
OMPLET	one)		ICIAN: To the best of e											e) and manner se stated.	
BEC	29b. SIGNATURE AND TITLE	OF CENTIFIE	/	1	tente	4		29c. LIC	ENSE NU	MBER 58		200. DAT	/23)	Storey, Dec War)	
2	30. NAME AND ADDRESS OF	PERSON WI	To calle	SE OF DEATI		pe, Print)	500	2	1	11	7	-07	164	l.	
	31, DATE FILED (Month, Day,	1 199	32. REGISTRA		1	1				-					

1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSIC TO THE FUNERAL DIRECTOR: After this or be filed within 72 hours after death with t IMPORTANT: If item 28 is marked,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Pages		
id be detached for use as the burial-transit permit. I		d at once.
5 shoul		notifie
page		1 be
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npletel	crema	vent.
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physic	ene pri	her tr
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atte	ental	N.
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ned t	III a	any
n sign	f Hea	OWS
bee	pt. o	3 sh
e has	e De	m 2
ificat	Stal	r ite
s cert	ith th	9d. 0
	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages the Bost. of Health and Mental Hygiene prior to burlal, cremation, or removal.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO.													
1. DECEDENT'S NAME (First, Middle CONCHI'S		DUMANCA	AS						2. DATE MONT	of DEATH DAY	,	YEAR 90	3. TIME OF DEATH 6: 19PM M
4. SOCIAL SECURITY NUMBER	5.	SEX	6. AGE (In yr	s. lest birthday)	IF UND	DER 1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTH	PLACE (State or Foreign
368-88-7713	713 $1 \square M 2XXF$ 79 YRS.						HOURS	MIN.	4-23-11 P				lippines
	9e. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNT										EATH		
Good Samarita		pital			В	altim	ore,	Mar	ylan	ıd	1	N/A	
RESIDENCE OF DECEDENT										10d. INSIDE CITY			
Maryland N/A Baltimore										VES 2 NO			
10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COU													
1807 Ingram Road 21239 Philippine										ines			
11. MARITAL STATUS	12.	WAS DECEDEN			1					N? (Specify Yee		14. RACE	- American Indian.
1 Never Merried 2 Merr XX Widowed 4 Divorced	fed	FORCES? 1 IF YES, GIVE V		XXIIO S		If yes, spe				Ricen, atc.)		Speci	t, White, etc. fy: Asian
15. DECEDER (Specify only high	NT'S EDUCATION	ON pleted)	18-	e. DECEDENT'S (Give kind of				307	188	. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondery (0-12)		ollege (1-4 or 5	+)	life. Do NOT u	se retired	1.)							
12	-			Hom	ema	ker					N/A		
17. FATHER'S NAME (First, Middle,							18. MOTI			Middle, Maiden 5			
Felix Rodri										tion S			
19a. INFORMANT'S NAME (Type/F Dr. Marivic M				The state of the s						Point I			48236 ichigan
20a. METHOD OF DISPOSITION	essand		20h PI	ACE OF DISPO			_		035		ATION —		
1 ☐ Burlel 2XX remation 3		from State	ott	her place)				natory or					
4 Donetton 5 Donet (Specify) Greenmount Cemetery Baltimore, Maryl 21. SIGNATURE OF FUNERAL SERVED LENGTH OF THE PROPERTY SIGNATURE OF FACILITY										.Tary rand			
Lamos	NIGO	Deny	ena	Rus									
Dennis St			S	- F-4 B									k Rd 21212
shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	fallure. List	only one cau	ise on each	ilna,						المعارة والعالم			Approximata interval Between Onset and Death
Sequentially list conditions if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	, h_	DUE TO	(OR AS A CO	DISEQUENCE O	(F):								
PART II. Other algnificant of	onditions co	ontributing to	death but	not resulting	In the	underlying	cause	given in	Part I.	24a. WAS AN		24b	WERE AUTOPSY FINDINGS
			-							PERFORI 1 TYES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO ME	EOICAL					26. PL	ACE OF D	EATH (Ch	eck only o	ne)			
EXAMINER?		OSPITAL:	ER/Outpatie	ent 3 🗆 DOA	OTH 4 🗆 I								
27. MANNER OF DEATH 1 Natural 5 Pend		28a. DATE Of (Month, L	INJURY	28b. Til		28c. INJ WO	URY AT			SCRIBE HOW IN	JURY OC	CURED	
2 Accident Inves	stigation	28e. PLACE C	F INJURY	At home, farm,	atreet.		rES 2	NO	281.10	CATION (Street e	nd Number	or Rural I	Route Number
3 Suicida 8 Coul 4 Homicide dete	ld not be rmined		etc. (Specify)	At Home, Jam,	ariest, i	actory, orne			City	or Town, State)	na Nomber	Or Horar	TOOLS NOTION,
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.													
29b. SIGNATURE AND TITLE OF	CERTIFIER	4-,-	-	TV	4 5		29c. LIC	ENSE NUI	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
TO WANTS AND ISSUED CO.	7	you	nio	7 ,		ノ、	וע	+6	97		- 0	2 -	51-90
FAUSTO Q.		DO TV	ME S	(ITEM 27) (Typ	o, Print)	147	SPE	272	0	12P.	3	DZ.	TO. H.D.
31. DATE FILED (Month, Day, Year,		32. REGISTR	AR'S SIGNATU	JRE		N.			_				
MAY 31	1990	falis to	سميها	Bande M.									DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 would after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hypiene prior to bunal, cremation, or removal.	APORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDI	TO THE FUNERAL DIRECTOR; A	be filed within 72 hours after de	IMPORTANT: If Item 28 is

20b. SIGNATURE AND TITLE OF CERTIFIER Dwilliam Benedich,

MIL.

31. DAYE FILED (Moreth, Day, Year) WAY 3 1 1990

mo

32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	FOR ST	TATE OF MARYLAND	NEPAR	TMENT OF A	IFAITH AND I	MENTAL HYGIEN	F	20 14/03			
	- STATE REGISTRAR			ICATE OF		REG. NO	_				
4	1. DECEDENT'S NAME (First, Middle, Last)	_ 1				2. DATE OF DEATH DONTH	AV V	3. TIME OF DEATH			
)	Charles	Drake	5	26 g	9:50 p M						
	4. SOCIAL SECURITY NUMBER 5. SE 554-20-9119 1 🖸	EX 8. AGE (In yrs. Ia	st birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	# UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 26,	1926	BIRTNPLACE (State or Foreign Country) Nebraska			
	9a. FACILITY NAME (If not institution, give street an			9b. CITY, TOWN	OR LOCATION OF DI	EATN	9c. COUNTY	Y OF GEATN			
R		Hospital		Eas	ton		T	albot			
디디	RESIDENCE OF DECEDENT 104. STATE 10b. COUNTY		I soc CIT	Y. TOWN OR LOCA	THOM		10d. INSIDE CITY				
DIRECTOR	Maryland Baltimo	re		ckeysvil	1e			LIMITS? 1 ☐ YES 2 1 NO			
FUNERAL	8 Warren Lodge Cour	t		10	21030			N OF WHAT COUNTRY?			
	To the total manifest of the same of the s	WAS DECEDENT EVER IN U.S. AI FORCES? 1 A YES 2 I IF YES, GIVE WAR OR DATES	RMED NO	If yes, sp		NIC ORIGIN? (Specify Year, Puarlo Rican, atc.)	e or No—	I. RACE — American Indian, Black, White, atc. Specify:			
ВУ	3 Widowed 4 Divorced	WW II		1	- Carro open	<i>r</i> .		White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple	N 16a. D	ECEDENT'S	USUAL OCCUPATI work done during me se retired.)	ON ost of working	16b, KIND OF BU	01112001111000				
91	Elementary/Secondary (0-12) Coli	liege (1-4 or 5+)					Food S				
MP	12	Dir	ecto	r of Bak		tions Balti		Division			
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maider	Sumame)				
BE	Lee A. Drake				Mabel .						
2	19a, INFORMANT'S NAME (Type/Print)	11		as #10	and Number or Rural	Route Number, City or Tov	vn, State, Zlp Co	ode)			
- 1	Lorinda M. Drake										
	20a. METHOD OF OISPOSITION 1	rom State other p	olace)		tory 5/3		1to.,	y or Town, State Md .			
	21. SIGNATURE OF PUNERAL SERVICE LIGHNEE	т.									
	· Earl L.	anon.				Funeral H	-				
	23. PART i. Enter the diseases, or complete shock, or heart failure. List of	ilications that caused the d	eath. Do	not enter the me	ode of dying, suc	ch as cardiac or reap	iratory arres	st, Approximats interval Between			
	IMMEDIATE CAUSE (Finel										
	disease or condition	acute mi	73	mules							
	,	DUE TO (OR AS A CONSEQUENCE OF): ASCUD & premiss myscardial in faction 3 years.									
Z	ASCUD & preniess myreardial infartion 3 years										
일	Sequentially list conditions, if any, leading to immediate										
2	CAUSE (Disease or injury	OUE TO (OR AS A CONSI	acon	.				years			
Ë	that initiated events resulting in desth) LAST	Type TI						Neum			
CERTIFICATION	d	1-1420 [1	reyn	megia	ma)			- few			
. 1	PART ii. Other algnificant conditions cor	ntributing to death but not	resulting	in the underlying	ng cause given in	Part i. 24s. WAS A	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
2						1 _ YES		COMPLETION OF CAUSE OF DEATH?			
Ä							•	1 TYES 2 NO			
=											
N.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C	heck only one)					
SIC	1110	OSPITAL: inpetient 2 - ER/Outpetient	3 KLDOA	OTHER:	me 5 🗆 Realdence	8 Other (Specify)					
PHYSICIAN: MEDICAL	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED			
FED BY	2 Accident investigation 3 Suicide a Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At I building, etc. (Specify)	nome, farm,			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN:	a to the cause(a) and me	anner as stated	1.							
S S	one) 2 MEDICAL EXAMINER: On	the beals of examination and/o	r investigati	on, in my opinion,	death occured at the	e time, date and place, a	nd due to the	cause(a) and manner as stated.			
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. DESCRIPTION OF THE SIGNED (Month, Day, Day, Day, Day, Day, Day, Day, Day											

mo

Baltimer

008583

21201

5/29/90

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH									
İ	HELEN M	MARIE DE	ETAMORE			May 27.19		8:15 p M					
		SEX 6. AGE (In yrs.	MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year) Country)							
	212-05-0187 9a. FACILITY NAME (If not institution, give street in	M 2 F 78	YRS.	March 2,1	2,1912 Penn.								
OR	6225 York Rd. Apt.	N219		Baltimore City									
EG	10a, STATE 10b. COUNTY		10c. CITY, TO	10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY									
FUNERAL DIRECTOR	Maryland 10s. STREET AND NUMBER		Ba	ltimor	e City	40 - OFFITFU O	1 X YES 2 NO						
ERA	6225 York Rd. Apt	N219		21212 U.S.A.									
5		. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	ARMED			C ORIGIN? (Specify Yes , Puerto Ricen, etc.)	or No- 14. R.	ACE — American Indian, leck, White, etc.					
BY F	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	×		2 X NO Specify.		Sį	oodmy: White					
	15. DECEDENT'S EDUCATION	ON 16a.	DECEDENT'S USU	IAL OCCUPATION	N	16b. KIND OF BUS	INESS/INDUSTR	Y					
COMPLETED	(Specify only highest grade comp Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)	(Give kind of work life. Do NOT use rei	done during mo ired.)	it of working								
MPL	8 yr's		Housewi	fe									
Ö	17. FATHER'S NAME (First, Middle, Last)					AE (First, Middle, Meiden							
BE	Cornelius	Var	n Horn			rence		yne					
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
	Mr. Roland F. Schwartz, Jr. 1808 Alpine Dr. Forest Hill, Md. 21050												
	20e. METHOD OF DISPOSITION 1 1 Buriel 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	OWSON,	on, Md.										
	21. SIGNATURE OF FUNERAL SERVICE LICENS		róspect l sock,Jr.		D ADDRESS OF FAC			21214					
	Harl & Ha	Arech /		Lec	nard J.	Ruck, Inc.	5305	Harford Rd.					
	23. PART i. Enter the diseases, or com- shock, or heart fellure. List			enter the mo	de of dying, suct	aa cardiac or respi	ratory arrest,	Approximate interval Between					
	IMMEDIATE CAUSE (Fine)	1			4			Onset and Death					
	disease or condition resulting in death) a. Cardiac arrest												
	DUE TO (OR AS A COMBEQUENCE OFF THE PROPERTY OF SEASE CHYONIC												
ON	Sequentielly list conditions, page to los as a consequence on:												
ξ	if any, leading to immediate ceuse. Enter UNDERLYING	A DESCRIPTION OF SECURITY AND A SECURITY OF SECURITY O											
E	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CON	ISEQUENCE OF):										
CERTIFICATION	reaulting in deeth) LAST												
	PART ii. Other eignificant conditions or	ontributing to death but n	ot reauiting in t	he underlying	cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS					
SAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE					
						1 D YES 2	NO	OF DEATH?					
Σ						—		TES AVENO					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. Pî	ACE OF DEATH (Ch	ack only one)							
SIC		OSPITAL:		THER:	e & Residence	a Other (Specify)							
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ		28d. DESCRIBE HOW I	NJURY OCCURE	0					
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Monut, Day, rear)	INSON		YES 2 NO								
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	il home, ferm, stree	et, factory, offic	•	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
E	29a. CERTIFIER												
COMPLETED	(Check only	N: To the best of my knowledge On the besis of examination and						se(a) and manner as stated.					
ω C	29b. SIGNATURE NNO TITLE CERTIFIER 29d. DATE SIGNED (Month)												
0	MAX	www	N	V)	D25	733	151	29/90					
2	30. NAME AND ADDRESS OF PERSON WHO C				Hoonit-	1	-						
	Duncan Salmon,	3E REGISTRATS STONATO		idi I tdN	Hospita	1							
MAI 3 1 1990 gas bundon 1													

NO 45 x . . .

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		0	C	ERTIF	ICATE (OF I	DEATH		REG. NO	D.				
1. DECEDENT'S NAME STAMA				2. DATE O	OF DEATH DAY 9 YEAR			3. TIME OF GEAT	rh A w					
4. SOCIAL SECURITY 220-46-04		5. SEX 1 M 2 F	6. AGE (In yrs.)	MONTHS DAYS HOURS MIN (M			7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	HPLACE (State or Fo	oreign			
90. FACILITY NAME (III UNION M RESIDENCE OF	EMORIAL	HOSPITAL			яь. сіту, то ВАТЛ		R LOCATION OF DE	ATH	9c. COUNTY OF DEATH					
100. STATE MARYLAND	10b. COUN		10c. Cl	TY, TOWN OR L							10d. INSIDE CITY LIMITS? 1 X YES 2			
10e. STREET AND NUM		AVENUE A	ΔPT 50	5		10f.	ZIP CODE 2121	1		1000	109. CITIZEN OF WHAT COUNTRY? GREECE			
11. MARITAL STATUS 1 Nover Married					If ye	s, spe	DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No						en, E	
(Spec	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) I I NIK NIOLINI				16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE									
17. FATHER'S NAME (F	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)													
GEORGE	GEORGE BENJAMIN KIRIAKOULA TSELAKIS										E E			
190. INFORMANT'S NA							nd Number or Rural				-			
GEORGE I			100000	4235 ELSA TERRACE, BALTIMORE, MARYLAND 2121 20b. PLACE OF DISPOSITION (Name of commence, cremetory or 20c. LOCATION — City or Town, State										
20s. METHOD OF DISI 1 Donation 5	metion 3 Re	other	place)			METERY					own, State MARYLAND			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE, BALTIMORE, M.													
s. DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intilated events resulting in death) LAST S. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
PART II. Other sig	nificant conditi	ons contributing to	o deeth but no	t resulting	j in the unde	riying	j ceuse given in	Part I.		AN AUTOPS ORMED? 2 NO	Y 24	AMAILABLE PRIOR COMPLETION OF DEATH?	CAUSE	
25. WAS CASE REFERENCE EXAMINER? 1 YES 2 27. MANNER OF DEAT	RED TO MEDICAL					26. PL	ACE OF DEATH (C)	neck only or	10)					
1 VES 2	10	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	g Home	e 5 ☐ Residence	6 🗆 Othe	r (Specify)					
27. MANNER OF DEAT Natural 2 Accident	H 5 Pending investigatio		F INJURY Day, Year)	28b. Ti	NJURY	WOI	URY AT RK? 'ES 2 NO	28d. DES	SCRIBE HOV	V INJURY (OCCURED			
3 Suicide 4 Homicide	6 Could not be determined	28e. PLACE building	OF INJURY — AI I, etc. (Specify)	home, farm	, street, factory	, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
29e. CERTIFIER (Check only one) 2		YSICIAN: To the best of										(e) end menner ee	stated.	
29b. SIGNATURE AND	29b. SIGNATIVE AND TITLE OF CERTIFIER						29c. LICENSE NU N/A	MBER		29d. DATE SYGNED (Morgh, Day, Year) \$5/29/90				
JUDISH TH	SS OF PERSON	WHO COMPLETED CA	USE OF DEATH (TEM 27) (7/1	SULU	Ple	wy t	alt	D Ms	02	1218	2		
31. DATE FILED (Month		Jula David	AR'S SICHATURI	B.	1		1							

46,	were an experience on the first of the same same of the danger and freely be assected within
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	annound the
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death definition by the Hospital or alterioring physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FORSTATE OF MAR	RYLAND / DEPARTM	IENT OF HEALTH AND I	MENTAL HYGIEN	ا ت E	0 14700
	1 - STATE REGISTRAR		ATE OF DEATH	REG. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Last)	1 3		2. DATE OF DEATH MONTH DA	NY YE.	3. TIME OF DEATH
	Marian F. Esch	rich		Nav 2		11500
	4. SOCIAL SECURITY NUMBER 5. SEX 8. /	AGE (in yrs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	218-28-4165 10 M 2 DE	57 YRS. MO	NTHS DAYS HOURS MIN.	1-22-1	933	Maryland
	9e. FACILITY NAME (If not institution, give street and number)	96	CITY, TOWN OR LOCATION OF DE		9c. COUNTY	
5	Francis Scott Key Medi	cal Cnt.	Baltimore			
5	RESIDENCE OF DECEDENT					
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY		OWN OR LOCATION			10d. INSIDE CITY LIMITS?
◌	Md	B	altimore			17 YES 2 NO
M	10e. STREET AND NUMBER		10f. ZIP CODE	- 1	100	OF WHAT COUNTRY?
쁘ㅣ	145 S. East Ave.		212	24	U	J.S.A.
5	11. MARITAL STATUS 12. WAS DECEDENT EV FORCES? 1	YER IN U.S. ARMED	13. WAS DECENDENT OF HISPAI If yea, specify Cuban, Mexica		or No- 14.	RACE — American Indian, Black, White, etc.
BY	1 Never Merried 2 Merried IF YES, GIVE WAR (OR DATES	1 TYES 2 NO Specif		1 1	Specify: White
8	Λ.					
뎶	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USI (Give kind of work	done during most of working	16b. KIND OF BUS	SINESS/INDUST	RY
COMPLET	Elementery/Secondary (0-12) College (1-4 or 5 +)	tife. Do NOT use re				
Σ	8th	Cler			ign Co) .
8	17. FATHER'S NAME (First, Middle, Last)		18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)	
BE	Lyle C. Chandler			garet M.		
6	19a. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Rural			
	Mr. Lawrence N. Eckstei		Deep Run Rd			
	20s. METNOD OF DISPOSITION 1] Burlal 2 Cremation 3 Removal from State 4 Donation S Other (Specify)	other place)	on (Name of cometery, cremetory or aine Cemeter		cation — city	- Control of the Cont
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1011	22. NAME AND ADDRESS OF FA		21 00 0 9	111.01.0
	- M. 10 pr. 20		Hartley Mi	ller Fun	eral H	Iome
	Jantly Miller		7527 Harfo			
	23. PART I. Enter the diseases, or complications that ca shock, or heart failure. List only one cause		antar the mode of dying, suc	h as cardiac Dr resp	iratory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Final					Onset and Death
	disease or condition resulting in death)	1 bleed				
		AS A CONSEQUENCE OF):				
z	C b M	solle s	esses			
CERTIFICATION	Sequentially list conditions, DUE TO (OR if sny, lasding to immediate	AS A CONSEQUENCE OF):				
2	cause, Entar UNDERLYING CAUSE (Disease or Injury					
	that initiated eventa	AS A CONSEQUENCE OF):				
ER	resulting in death) LAST					
	PART II. Other significant conditions contributing to de	ath but not reaulting in i	ha undariving cause given in	Part I. 24s. WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS
S	Smill call consus		THE COST OF STREET	PERFO		AMILABLE PRIOR TO COMPLETION OF CAUSE
	- Small cell coreson - He Carrend cource	140		1 YES :	SACT NO	OF DEATH?
Σ	-ap carried con	an word		—		1 NES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C)	neat anti-anel		
0	EXAMINER? HOSPITAL:		THER:			
148	1 ☐ YES 2 ☐ NO		☐ Nursing Home 5 ☐ Residence F 26c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	FN
	1 Natural 5 Pending (Month, Day,	(bar) INJUR	WORK? M 1 YES 2 NO			
ВҰ	2 Accident Investigation	IJURY — At home, ferm, atre		28f. LOCATION (Street	and Number or E	Pural Route Number
ED	3 Suicide 8 Could not be building, atc.	(Specify)	at, motory, orner	City or Town, State)	ear or y rouse tear rown,
Ħ	296. CERTIFIER			l		
MPI	(Check only CERTIFTING PHYSICIAN: 10 the beat of my					
COMPLETED	2 MEDICAL EXAMINER: On the basia of exam	ination and/or investigation,	in my opinion, death occured at the	time, date and place, a	nd due to the co	suse(a) and manner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU		29d. DATE SI	GNED (Month, Day, Year)
	My wheelps		D 320	545	> 3/	26/90
2	30. NAME AND ADDRÉSS OF PERSON WNO COMPLETED CAUSE (OF DEATN (ITEM 27) (Type, Pr	int)			

C21-1-1-1

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G ROLL B

THE HOSPITAL DE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNCENCE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours After this certificate hash with the State Deci. of Health and Mental Hydelene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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							9	0 14/6/
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIEN REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	_	7	1.10		2. DATE OF DEATH	LY YE	3. TIME OF DEATH
	LDA	67	EV	405	_	5 2		0 8:45 4"
	4. SOCIAL SECURITY NUMBER 216 - 01 - 1742	5. SEX 8. AGE ((In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	03 2	BIRTHPLACE (State or Foreign Country) BALTO, MD,
	9e. FACILITY NAME (If not institution, give st	· ·			OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
6	GOOD SAM ARITAN	HOSPITAL		BALTI	mort.		,	
딥	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,	10c. CD	Y, TOWN OR LOCA	ATION			10d. INSIDE CITY
DIRECTOR	Maryland Balti	more City	Balt	timore				LIMITS?
A.	10e. STREET AND NUMBER			1	M. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	4305 Plainfield A	ve.			21206		Ţ	J.S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.SARMED			NIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian, Black, White, etc.
ВУ	1 Never Merried 2 Married 3 Widowed 4 Ovorced	IF YES, GIVE WAR OR D			S 2 NO Speci			Specify: White
ED E	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b, KIND OF BU	SINESS/INDUST	
Li	(Specify only highest grade Elementary/Secondary (0-12)	completed) College [1-4 or 5+)	(Give kind of life. Do NOT u	work done during n se retired.)	nost of working			
M	6		Sea	amstress			Cloth	ing
COMPL	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, Maiden	Sumame)	
BE (John G. Crussee	i I			Mar			
0	19a, INFORMANT'S NAME (Type/Print)	,				Ploute Number, City or Tow		
-	Joseph Evans Jr.	(son)			ametery, cremetory or	Baltimore 1		nd ZIZUO
	120 Buriel 2 Cremation 3 Remo	oval from State	other place) ak Lawn	Cemeter	emetery, cremetory or			Maryland
1 1	21. SIGNATURE OF FUNERAL SERVICE		COLL MELWIT		ANO ADDRESS OF F		OLIMIT C	
	1 /	5-0	1			uneral Home		21221
Н	23. PART V. Enter the diseases, or o	mogn.	m	1407	Old East	ern Ave. B	altimo	re Maryland
	shock, or heart failure.	List only one cause on e	a the death. Do each line.	not enter the m	ode or dying, su	on as cardiec or resp	iratory srrest	intarval Between
	IMMEDIATE CAUSE (Final disease or condition	hipe	tie 1	un ele	100514.			Onset and Death
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE (OF):	lopath.	}		1
z		Line	ev,	rnlasi	•			
RTIFICATION	Sequantially list conditions, if any, leading to immediate		A CONSEQUENCE (OF):				
S	cause. Entar UNDERLYING CAUSE (Disease or injury	c. Compa						
臣	that initiated events resulting in daeth) LAST	DUE TO JOR AS	A CONSEQUENCE (OF):				
5		d						<u> </u>
AL.	PART ii. Other significant condition	s contributing to death i	out not,resulting	in the underlyi	ng cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA	Coronay a	stery du heart 1	lease			1 _ YES :	/	COMPLETION OF CAUSE OF DEATH?
WE	Congestina	heart 1	allene	. >				1 TYES 2 NO
		U						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	heck only one)		
ΙΧSΙ	1 TYES 2 THO	1 Impatient 2 ER/Out		4 - Nursing Ho		6 Other (Specify)		
	1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. Ti	IJURY V	VURY AT VORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	Y At home, farm.			281. LOCATION (Street	end Number or	Rural Route Number,
TED	4 Homicide 6 Could not be determined	building, atc. (Spe	icify)			City or Town, State)	
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my know	viedge, death occu	red at the time, de	te and place, end du	e to the cause(e) end me	nner as stated.	
NE NE	(Check only							sause(a) and manner ee stated.
ECC	295. SIGNATURE AND TITLE OF CERTIFIES	N			29c. LICENSE N	JMBER	29d. DATE S	IGNED (Month, Day, Year)
m	Fautter						1 5	- 29.80,
2	30, MAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Tyr.	ne, Print)	-	56010	1 000	11.1.

Crospitel

32. REGISTRAR'S SIGNATURE

(Month, Day, Year) 1 1990

6 Balto, mo

Any a number of n v . . The commence of the second commence of the se

South Carolina

Approximate interval Between **Onset and Death**

MO

20772

Mer marlboro

FOR STATE REGISTRAR

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	1. OECEOENT'S NAME (First, Middle, Las	t)		100					2. DATE OF DEATH MONTH DO	AY	YEAR	3. TIME OF DEATH
ì	NANCY			FORD					5/23/90	A)	TEAR	4.11PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE ('In yrs. last birt	nday) IF UND MONTHS	ER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
	250-16-0968	1 M 2 F	7	79 '	RS.	- Smiles	III III III III III III III III III II	anis.	August8.1	910	Sou	th Carolin
	9a. FACILITY NAME (If not institution, giv	e street and number)			9b. Cl	ry, town	OR LOCATIO	ON OF OR	EATH	9c. COUN	YY OF D	
TOR	PRINCE GEORGES	OSPITALCE	ENTER	2		CHEV	ERLY			PRIN	ICE G	FORGE
DIRECTOR	10e. STATE 10b. COU			10	c. city, town Capita			;				10d. INSIDE CITY LIMITS? 1 PAPES 2 NO
	100. STREET AND NUMBER 310 Yolanda Ave.						1. ZIP CODE 20743					WHAT COUNTRY? States
/ FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDED FORCES? IF YES, GIVE			1:	If yes, sp		n, Maxica	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	s or No-	14. RACE Black Speci	E — American Indian, k, White, atc.
D BY	3 X Widowed 4 □ Divorced								1 50 002 22 20			Black
	15. DECEDENT'S E (Specify only highest gr	ade completed)		(Give k	ENT'S USUAL nd of work don NOT use retired	e during me		g	16b. KIND OF BU	SINESS/IND	USTRY	
COMPLETE	Elementary/Secondary (0-12)	College (1-4 or 5	+)						_			
M	17. FATHER'S NAME (First, Middle, Last)				Domest	J.C	16. MOTH	HER'S NA	AME (First, Middle, Malden	rivat		
	and the second s											
H	Willis Roseboro 19a. INFORMANT'S NAME (Type/Print)			19b. M	AILING ADDRE	SS (Street			ie (Unknow) Route Number, City or Tox		Code)	
2	Phvllis West						-					1747
	METHOD OF DISPOSITION		20b		NSPOSITION (ital Heigh	CATION —		
	Cremation 3 R	emoval from State	,	other place)	v Memo	rial	Davis		T and	dorron	Ma	ryland
	22 SIGNATURE OF FUNERAL SERVICE	LICENSEE		armon	2	2. NAME A	ND ADDRES	SS OF FA	CILITY T D T.	oplein	O The	neral Home
	(» / · · · · /	2 M	// ,		7	171	r ando	T TO Y	Dd Tandor	enkm	Mark	meral home
	Jumny 6	Mea	7 3	sec.								land 20785
	23. ART I. Enter the diseases, of shock or heart failure. MMEDIATE CAUSE (Final	e. Hist only one ca	use on e	ech line.								Approximate interval Betwee Onset and Deat
	disease or condition resulting in deeth)	· Carde	i pu	ulna	ny Ar	mes	1		m uau Vosc			
		DUE TO	O (OR AS A	A CONSEQUE	NCE/OF):	,		,				
NO	Sequentielly list conditions,	a acui	e K	yeren	ideal	de	pared	efe.	n			_
Ē	If any, leading to immediate cause. Enter UNDERLYING	House	U (ON NO A	CONSCOR	· lai	· ma	4	: Ca	un mace	11/11	Des	end
SE	CAUSE (Disease or injury that initiated events	c. Agreed	O (OR AS A	A CONSEQUE	NCE OF:	e rece	com	7	THE OF SU	e-ter-		1
CERTIFICATION	resulting in deeth) LAST	4			,							
빙		d									_	
EDICAL	PART II. Other significant condit	a Levere							Part I. 24a. WAS AI PERFO	AMED?	246	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	Septe ceme	A										1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 5	N ACE OF D	EATH /C	heck only one)			
SICI	EXAMINER?	HOSPITAL:			ОТН	ER:						-
PHYS	1 YES 2 NO	1 28a. DATE C			b. TIME OF	1	me 5 LJ Re	esidence	6 Other (Specify) 28d. DE\$CRIBE HOW	IN HIRY OC	CUBED	
	1 Natural 5 Pending		Day, Year)		INJURY	W	ORK? YES 2	∃ NO	200. 02001102 11011			
B	2 Accident Investigation		OF INJURY	V At home	farm, street, f				28f. LOCATION (Street	and Number	or Rumi	Route Number
	3 Suicide 8 Could not 4 Homicide determined	Da building	g, atc. (Spe	ocify)					City or Town, State			
E	29a. CERTIFIER 1 CERTIFYING PL	IVSICIAN: To the heat	of my know	riedge, death	occurred at the	e time del	le and place	and de-	e to the cause(a) and ma	nner as ste	ted.	
COMPLET	one)											a) end manner as stated.
	29b. SIGNATURE AND TITLE OF CERTI							ENSE NU				D (Month, Day, Year)
8	Leven Wh	1						716			5/24	
0	77	177					101	110			1-	1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

9556 CRAIN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Section 1 to 100

TO BE COMPLETED BY FUNERAL DIRECTOR

90

1 -	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR				CERTIF	ICA	TE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, A	Aiddie, Last)							2, DATE	OF DEATH	v	YEAR	3. TIME OF DEATH
Phillip		Α.		F	err	ari		5	5	· ·	90	12:35P M
4. SOCIAL SECURITY NUMBE	R	5. SEX		rrs. last birthday)	-	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		a. BIRTH	PLACE (State or Foreign
222-52-267		1 📉 M 2 🗆 F	32	YRS.	MONTI	HS DAYS	HOURS MIN.	Nov.	12, 1	957	Aik	en, S. C.
9a. FACILITY NAME (If not inst	itution, give s	treet and number)			9b. C	CITY, TOWN	OR LOCATION OF DI	EATH		9c. COU	NTY OF D	EATH
Union Hos	spital	1			L,	Elkt	on				Cec:	il
Delaware	New	r Castle			•	ingto						10d. INSIDE CITY LIMITS? 1 YES 2 NO
901 West 2	Oth.	Street				10	1. ZIP CODE 1980	2		1.5	.S.A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 X 3 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W				If yes, sp	CENDENT OF HISPAI ecity Cuban, Mexica 3 2 NO Specif	n, Puerto	f? (Specify Yea Rican, etc.)	or No—	14. RACI Blac Spec	E — American Indian, k, White, etc. White
15. DECE (Specify only	DENT'S EDU	CATION completed)	16	Sa. DECEDENT':	S USUA	L OCCUPATI	ON ost of working	16b	. KIND OF BUS	SINESS/IND	DUSTRY	
Elementary/Secondary (0-1	1	College (1-4 or 5	·) C	(Give kind of			c Accoun	t.	Accou	nting	r S	
17. FATHER'S NAME (First, Mid	idle, Last)	<u> </u>			_		16. MOTHER'S NA	ME (First,				
Richard E.	Ferr	ari					Faye Mo	Ewen				
19a: INFORMANT'S NAME (Typ	,			2.0			and Number or Rural					e 19802
Linda W. F		T	201 -		_		netery, crematory or	LIMI	-	CATION —		
1 A Burial 2 Cremation 4 Donation 5 Other (3 🗌 Rem	oval from State		ther place!			e Cemeter	y				Delaware
21. SIGNATURE OF JUNERAL		CENSEE MD	#067			-	NO ADDRESS OF FA					
· Alu	w	Luniz		(11)		2506	dler fun Concord	Pik	Homes 19803-			
IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leeding to immedicause. Enter UNDERLYIP CAUSE (Disease or injurithat initiated events	ons, fate	b	(OR AS A C	ONSEQUENCE	OF):	ATION	<u> </u>					Onset and Death
resulting in death) LAST PART II. Other aignifican	-	d	death but	not resulting	ı in the	e underlvir	a cause given in	Part i.	24a. WAS AN	i AUTOPSY	24	b. WERE AUTOPSY FINDINGS
DILATED CAN	RDIOMI	EGALY							PERFOI			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL						LACE OF DEATH (C	heck only o	ne)			
1XXES 2 □ NO		HOSPITAL:	☐ ER/Outpat	ient 3 🗆 DOA		HER: Nursing Ho	ne 5 🗆 Realdence	8 🗆 Oth	er (Specify)			
27. MANNER OF DEATH		28a. DATE Of (Month, I	F INJURY	28b. T	IME OF	28c. IN	JURY AT ORK?	28d. OE	SCRIBE HOW	INJURY OC	CUREO	
	ending restigation	UNKNO		L"			YES 2 NO	Uì	NKNOWN			
3 Suicide 6 🖸 C	Could not be letermined	28e. PLACE (building UNKNO	etc. (Specify	- At home, farm	, street,	, factory, offi	20	City	CATION (Street or Town, State, VKNOWN	and Numbe)	or or Rumal	Route Number,
(Critica Orliny		SICIAN: To the best of										(a) and manner as stated.
296. SIGNATURE MAIL THE	OF OFFICE	ny -					29c. LICENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
2610	XV)	6						CME		•		5/90
30. NAME AND AUDHISS OF	PERSON WI	HO COMPLETEO CAL	ISE OF DEAT	H (ITEM 27) (Ty)	pe, Print,)		<u> </u>			٠/ (<i>11 J</i> V
Frank J. Pe							111	Penr	st.		Ва	alto.,MD
MAY 3 1 199	30	22 BEGISTR		URE								

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hospital or attending physician.

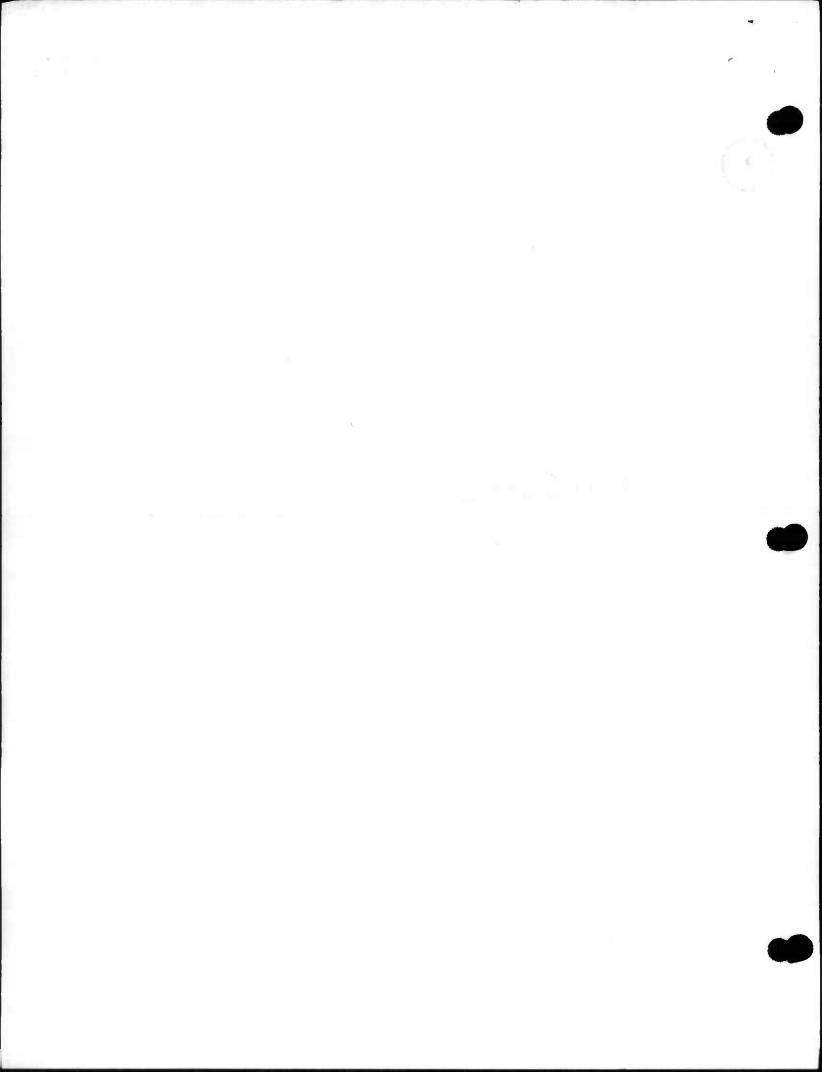
TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cernation, or removal. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

- Devidson-Randale



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	1	FOR 1 - STATE REGISTRAR	STATE OF MAR			MENT OF HI CATE OF		MENTAL HYGIEN REG. NO		
	9,	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH
		Estella Mit	urnkas					MONTH D		9:10 PM
	I	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lasi		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
		218-28-8586	1 - M 2 - F	85	YRS.	ONTHS DAYS	HOURS MIN.	7-22-04		Maryland
		9a. FACILITY NAME (If not institution, give a	street and number)		1	b. CITY, TOWN O	R LOCATION OF DE	EATH	9c. COUNTY	
180		IVY HALL				Mid	dle Riv	er	BAL	TimeRE
5	F	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	ν		10c CITY	TOWN OR LOCATI	ON Tree	Hall N. H.		10d. INSIDE CITY
DIRECTOR			ltimore				ss Driv			LIMITS? 1 YES 2 Y NO
	- 116-	10e. STREET AND NUMBER	TOTMOTE		1700	· ·	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL		1300 Windlass D	rive				21220		Т	JSA
Z		11. MARITAL STATUS	12. WAS DECEDENT EV				ENDENT OF HISPAN	NIC ORIGIN? (Specify Ve		RACE — American Indian, Black, White, etc.
	- 11	1 Never Merried 2 Married	FORCES? 1 1		40		city Cuban, Maxica 2 NO Specif	in, Puarto Rican, atc.) y:		Specify:
BY	- 16	3 ₩Idowed 4 Divorced								White
TED		15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S U	SUAL OCCUPATION rk done during most retired.)	N at of working	16b. KIND OF BU	SINESS/INDUST	RY
Ä		7th Grade	College (1-4 or 5+)		ales (Ben	Frankl:	in
COMPLET		17. FATHER'S NAME (First, Middle, Last)		1 50	aleb (TELK	18 MOTHER'S NA	ME (First, Middle, Maiden		
E C	- 19	Leon Karczeski						Lubinski	,	
3 0		19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING A	DDRESS (Street ar		Route Number, City or Tow	vn, State, Zip Coo	_{*)} 21162
2		Mrs. Catherine	Furnkas		11204	Lorely	Beach :	Rd. North	White I	Marsh, Md.
		20a. METHOD OF DISPOSITION 1][C] Burial 2 Cremation 3 Ren	novel from State	other pli	ace)		netery, crematory or		OCATION — City	11-1-1-11-11-11
		4 Donation 5 Other (Specify)		St.	Joseph	Cemete			llerton	n, Maryland
	1	21. SIGNATURE OF FUNERAL SERVICE LI	uril Hos		2		hn Fune	ral Home		
		& Lasacha Tec	uril Hos	mE -	ave.	7401	Belair	Rd. Balto.	, Md.	21236
		23. PART I. Enter tha diasass, or	complications that ca	used the da	ath. Do no	t ontor the mor	de of dular auc	h se cardise or man	Iretory errort	Approximata
	- 11	shock or heart fallure	List only one cause of			t entar tha mo	da oi dyilig, suc	in as cardiac or reap	matory arrest.	
		IMMEDIATE CAUSE (Final	List only one cause of			/ I	da or dying, suc	m as cardiac of reap	matory arrest	interval Batween Onset and Death
1, 416 116	7		a. Eho	on each line	uge	Hy	perts	ehsive	matory arrest	intarvai Batween
פאבשר, חום ווום		IMMEDIATE CAUSE (Final disease or condition	a. ELC DUE TO (OR	on each line		Hy	perte	chsive		intarvai Batween
ON		IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. ELO DUE TO (OR	AS A CONSEC	n. UGB OUENCE OF)	Hy	perte	opath (intarvai Batween
ATION		IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING	a. ELO DUE TO (OR	on each line	n. UGB OUENCE OF)	Hy	perte	chsive		intarvai Batween
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T A		IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, it any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR b. OUE TO (OR c. OUE TO (OR d.	AS A CONSEC	OUENCE OF)	Lard	perts	opath (N AUTOPSY RMEO?	interval Batween Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
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6

permit. Pages 1, 2, 3 should

detached for use as the burial-transit

filled in by the funeral director, page 5 should be

attending physician and completely

223

Hygiene prior to burial,

hours after death. Page 6 may be retained by the hospital or attending physician. executed within HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be FUNERAL DIRECTOR: After this certificate has been signed by the attending physician within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to THE HOSPITAL (
THE FUNERAL (
filed within 72 h

#11,24a, per Dr. & F.H. 6/7/90 kam FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEDENT'S NAME (First, Middle Last) 3. TIME OF DEATH 2. DATE OF DEATH 8:27P Barbara 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. (Month Day, You 9/29 36 Ohio 1 M 2 XF YRS. 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN Har ford al DIRECTOR ston 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10a. STATE 10b. COUNTY Kingsville 1 YES 2 NO Baltimore Md 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE U.S.A. 21087 P.O.Box 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, stc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: News-Married 2 Merried ВУ 3 Widowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life, Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) A.E. Davies Dist. Co. 12 vrs Mar once. 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) Ħ Unknown Kvle Handv BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
11866 Belair Rd. Kingsville, Md. 21087 2 Mrs. Annette R. Davies must be 20c. LOCATION — City or Town, State 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 1 Buriel 2 Cremation 3 4 Donation 5 Other (Specify) 3 - Removal from State Metro Crematory Baltimore, Md. examiner 22. NAME AND ADDRESS OF FACILITY E.F.Lassahn Funeral Home Kingsville, Md. Rd. Belair medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heert failure. List only one cause on each line. Interval Betwe IMMEDIATE CAUSE (Fine) Onset and Death other traumatic event, the disease or condition resulting in death) A-CONSEQUENCE OF): CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST 10 23 shows any Injury, PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) ltem. EXAMINER? 1 YES 2 OTHER: Inpetient 2 - ER/Outpetient 3 - DOA g Home 5 - Residence 6 - Other (Specify) 0 28c. INJURY AT WORK? 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED marked, Natural 1 YES 2 NO B Accident Investigation 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 3 Sulcide 28 Is 8 Could not be determined ETED 4 Nomicide Item 2 20s. CERTIFIER COMPL CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. IMPORTANT: If ition and/or investigation, in my opinion, death occured at the time, data and place, and 296. SIGNATURE AND TITLE OF CERTIF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 600 101 32. BEGISTBAR'S SIMATURE

DIVISION OF VITAL RECORDS, F.C. BOX 13129,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IAL NECONDS,	The law requires that the d	ate has been signed by the rate Dept. of Health and Me	em 23 shows any injur
NO NOISINIO	E HOSPITAL OR ATTENDING PHYSICIAN	E FUNERAL DIRECTOR: After this certification 72 hours after death with the S	RTANT: If Item 28 is marked, or I
	TO T	5 5 5 T	IMP

31. DATE FILED (Month, Day, Year)

	1 - STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT				MENTA	L HYGIEN	E		0 1411
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	v	YEAR	3. TIME OF DEATH
	FRANCIS GRIFF	IN							05		4	90	2 00 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH th, Day, Year)		8. BIRTI	HPLACE (State or Foreign
	215-46-1897	1 XXII 2 □ F	42	YRS.	MONTHS	DATS	HOURS	MIPI.	11	/24/47			aryland
	9a. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY	, TOWN C	PR LOCATI	ON OF DE	EATH		9c. COU	NTY OF	DEATH
OH	PRINCE GEORGE'S HOL	BPITAL C	ENTER		CHE	VERL	Υ				PRI	NCE	GEORGE 'S
EG	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d, INSIDE CITY
DIRECTOR		George'	s	Sea	t Ple								1 XXXES 2 NO
FUNERAL	100. STREET AND NUMBER					101	. ZIP COD				115		WHAT COUNTRY?
NE	6600 Greig St.						201				_		States
F	11. MARITAL STATUS 1 Never Merried 2 Married	FORCES? 1	TEVER IN U.S. AR	MED						N? (Specify Yee Ricen, etc.)	or No-	14. RAC Blac	E — American Indien, ik, White, etc.
B⊀	3 Wildowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES			1 TYES	Ž∕XNO	Specify	y:			Spec	Black
	15. DECEDENT'S EDUC	CATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON	_	18	b. KIND OF BUS	INESS/ING	DUSTRY	DIGCK
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8	#fin	ive kind of . Do NOT u	work done se retired.)	during ma	st of worki	ng	-				
P.	11th	C-23* 1 1516			Ur	nemp]	Loyed	1	-1	I	riva	ate	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								ME (First,	Middle, Melden			
BE (Daniel Griffin						Ma	ary (Corb	ert			
TO E	19a. INFORMANT'S NAME (Type/Print)		100							nber, City or Tow			
-	Martha Griffin								Land	over, N			
	20e. METHOD OF DISPOSITION 1X Puries 2 Cremetion 3 Remo	oval from State	20b. PLACE other pl	ace)									own, State
	4 Defetion 5 Other (Specify)	ENGEE	_ Harr	nony	Memo	ria	l Par	<u>rk</u>	OII ITV—	Land	lover	, Ma	aryland 2078
	THE PROPERTY OF THE SERVICE LIC	n		1									neral Home
	Almmes 6	- 116	al x	In					100				lnd 20785
	23. PART I. Enter the diseases, or cahock, or heart failure.	complications the	at caused the de	ath. Do	not antai	tha mo	da of dy	Ing, auc	h aa ca	rdiac or reapi	retory ar	reat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final							. 1					Onset and Death
	disease or condition reaulting in dasth)	Cara	us fre	my	nau	4/	one	11	rele	oll			
	THE CONTRACTOR OF THE CONTRACT	OUE TO DUE TO	(OR AS A CONSE	OUENCE C	F):								
NO	Sequentially list conditions,	offeshie	ue m	elle	LLY	1							
ATI	if sny, lesding to immediate cause. Enter UNDERLYING	Mund	Carde	OUENCE C)F):	1	Tris	1.					
CERTIFICATION	CAUSE (Disease or Injury that initiated events	C. DUE TO	(OR AS A CONSE	OUENCE C	F):	ma	1000						-
FI	resulting in death) LAST		- 50										
CE		·											
AL	PART II. Other aignificant condition			resulting	In the u	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFOR		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
00	Jen zofti	Limb	• ,							1 TYES 2	NO		OF DEATH?
ME													1 YES 2 NO
PHYSICIAN: MEDICA													
<u>C</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF E	DEATH (Ch	neck only	one)			
IYS	1 YES 2 NO	1 28e. DATE O	ER/Outpatient 3	28b, TII	_		IURY AT	eeldence	T	er (Specify)	NI HIRW OC	MINES	
	1 Natural 5 Pending		Day, Year)		JURY	WC	ORK? YES 2 [NO.	280. 01	EȘCRIBE HOW I	NJUHT OC	COHED	
BY	2 Accident Investigation 3 Suicide a Could get be	28e, PLACE	OF INJURY — At he	ome, farm.	street, fee				28f. LO	CATION (Street	and Numbe	r or Rumi	Route Number
8	4 Homicide a Could not be	building	, etc. (Specify)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				y or Town, Stata)			
E	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat o	d my knowledge de	noth necur	rad at the	time dete	and also	and due	to the c	auss(s) and ma	aner ee ete	ted	
COMPLETED	900)												(e) and manner ee stated.
	29b. SIGNATURE AND TITLE OF CENTURES	0		-1				ENSE NU					D (Month, Day, Year)
BE (hugu	my.	1			112		30				4-90

Penpum Ot, CJSp MD 2074

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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CEI	RTIF	ICATE OF	DEATH		REG. NO.		
1. OECEDENT'S NAME (First, Middle, WILLARD KENNET)	1111					2. DATE OF		1990 ^{EAR}	3. TIME OF DEATH 5:10 P
4. SOCIAL SECURITY NUMBER 050-12-3141	5. SEX 1 X M 2 F	8. AGE (In yrs. last to 71	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF		A. BIRT	HPLACE (State or Foreign dry) YORK
96. FACILITY NAME (If not institution, VA MEDICAL CEN RESIDENCE OF DECEDEN	TER .			96. CITY, TOWN C	R LOCATION OF DE	ATH		BALTIM	
10a. STATE 10b. C	LTIMORE		10c. CIT	Y, TOWN OR LOCAT	ard VA H	ospit	al		10d. INSIDE CITY LIMITS? 1 YES 2 XNO
100. STREET AND NUMBER 9600 NORTH POI					21P CODE 1052				WNAT COUNTRY? FED STATES
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. ARM X YES 2 NO WAR OR OATES	ED	If yes, sp	ENDENT OF HISPAN scity Cuben, Mexica 2 NO Specifi	n, Puerto Ric		Bla	CE — American Indian, ick, White, etc. India:
15. OECEOENT' (Specify only highes Elementary/Secondary (0-12)		(Give	kind of	work done during mose retired.)	st of working	16b. K		NESS/INDUSTRY	Tavern
17. FATHER'S NAME (First, Middle, La EDWIN GLOR	st)				18. MOTHER'S NA LOUISE	BEY			
19a. INFORMANT'S NAME (Type/Prin		Vood XX	MAILING	ADORESS (Street a	nd Ni 2820 Turk XXXXXXXX	ETILE KAXXII	PROLITIONAL NO.	ALTICA MARXKA	NY 14001 WXX XXXXX XXX
20a. METHOD OF DISPOSITION 1		20b. PLACE O	F DISPO	SITION (Name of cer View Ce	netery, crematory or		20c. LOC	ation – city or ingevil	Town, State
21. SIGNATURE FUNERAL SERV	ce LICENSEE	An		ROBER	D ADDRESS OF FA T C. ALT Harford	ENBUR			
shock, or heert fa	DUE TO	MONTA O (OR AS A CONSEOU							Interval Betwee
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CARD	TOPULMONA O (OR AS A CONSEQU	RY	ARREST					
PART II. Other significant con	ditions contributing to	death but not re	suiting	in the underlyin	g cause given in		PERFORI	AED?	4b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO	HOSPITAL:	En Cutual and a	7.004	OTHER:	LACE OF DEATH (C/				
27. MANNER OF CEATH 1 X Natural 5 Pendin	28e. DATE O (Month,	ER/Outpatient 3 [F INJURY Day, Year)	28b. Til	ME OF 28c. IN.	TURY AT DRK? YES 2 NO	_		JURY OCCURED	
2 Accident Investignment 3 Suicide 8 Could determ	28e. PLACE building	OF INJURY — At hon i, etc. (Specify)	ne, farm,	, street, factory, offic	20	281. LOCA City of	FION (Street or Fown, State)	nd Number or Run	al Route Number,
anni orny	PHYSICIAN: To the best of								e(a) and manner as stated
29b. SIGNATURE AND TITLE OF CE	RTIFIER Paul	1/ago			29c. LICENSE NU			29d. DATE SIGN	ED (Month, Day, Year) 26-90
30. NAME AND ADDRESS OF PERS PAUT. HAGAN M 31. DATE FILED (Morith, Day, Year)	VA MEDI	CAL CFNTF		FORT HOW	ARD, MD	2105	2		

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	-	FOR STATE REGISTI	RAF
	1. D	ECEDENT	5 N/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	IFICATE C	OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH DA	Y OYEAR	3. TIME OF DEATH
	GWENDOLYN L. GRIMM 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vis. least birthe			05 27	1990	M
	220-40-9592 1 M 2 SF 46 VR	S. MONTHS DA	R HOURS MIN.		743 Countr	ARYLAND
DIRECTOR	ST. JOSEPHS HOSPITAL RESIDENCE OF DECEDENT		SON, MAF		Balt	fimore
E		CITY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
급	Md. Baltimore	Balt	imore			1 TYES 2 NO
FUNERAL	7823 Wilson Ave.		21234		U.S.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Marriad 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	It yes	DECENDENT OF HISPANIA, specify Cuban, Maxican, YES 2 NO Specify:		or No— 14. RACE Black Speci	E - American Indian, k, White, etc. White
<u>a</u>	15. DECEDENT'S EDUCATION 16a. DECEDEI (Specify only highest grade completed) (Give kin.	NT'S USUAL OCCUI	PATION	18b. KIND OF BUS	INESS/INDUSTRY	
COMPLETED	Elamantary/Secondary (0-12) College (1-4 or 5 +)	OT use retired.)	xaminer	Soc	ial Sec	euri tv
Ö	17. FATHER'S NAME (First, Middle, Last)		- y	E (First, Middle, Maiden		V. 2 V
BEC	Forrest Shelton		Mar	ion Hunt		
6			eet and Number or Rural Ro			
			on Ave. B		d. 2123	
	1 Burial 2 Cremation 3 Ramoval from State other place)		111111111111111111111111111111111111111			
	21. SIGNATURI OF FUNERAL SERVICE UCENSEE	22. NAM	E AND ADDRESS OF FAC	ILITY		
	(Hartley Muller		ar tl ey Mi 527 Harfo			
	23. PART I. Enter the diseases, or complicatione that ceused the death. shock, or heert failure. List only one cause on each line.					Approximate Interval Between
	IMMEDIATE CAUSE (Finel					Onset and Death
	disease or condition resulting in death) a. PIEUT I-EUT IN DUE TO (OR AS A CONSEQUENCE)	FESTION DE OF):	WITH SE	PFICEMIA		3-4 DAY
z	Sequentially list conditions, If any, leading to immediate	VASC	ULHAR DIS	SEASE		YEARS
CERTIFICATION	Sequentielly liet conditione, If eny, leading to immediate cause. Enter UNDERLYING	CE OF):				100
5	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events CAUSE (Disease or Injury that Initiated events)	CE OF):	MIBETES	MELLIT	05	YEARS
E	resulting in death) LAST					
	PART II. Other algoliticant conditions contributing to death but not result	log in the under	hing cause given in E	Part I. 24a, WAS AN	AUTORSV 24h	. WERE AUTOPSY FINDINGS
DICAL	PART II. Other agrinoant conditions contributing to death but not result	ang in the dide	lying cause given in r	PERFO	MEO?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
				1 PYES 2	□ NO	OF DEATH? 1 ☐ YES 2 □ NO
× 1				-		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	_	6. PLACE OF DEATH (Cho	ck only one)		
YSIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Pinpatient 2 ER/Outpatient 3 Di	OTHER: 0A 4 Nursing	Home 5 - Realdenca	6 Other (Specify)		
H	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. Netural 5 Pending	INJURY	. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED	
BY	2 Accident Investigation		YES 2 NO	26t, LOCATION (Street	and Number or Dural	Doude Mumber
8	3 Suicide 6 Could not be determined 229a. PLACE OF INJUNY — At nome, is building, etc. (Specify)	arm, street, tectory,	OTHE	City or Town, State)		node Namos,
LET	29a. CERTIFIER (Check code.) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth or	ccurred at the time.	data and place, and due	to the cause(a) and ma	nner sa stated.	
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or invest					a) and menner as stated.
CO	THE BURNATOTTE AND TITLE OF CERTIFIER		29c. LICENSE NUM	BER	29d. DATE SIGNED	O (Month, Day, Year)
0	James Director	UP PATH	way DI	4873	15/2	1/90
2	30 MANE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATHGREN 27	(Time Print)	N/O			
	JAMES W. K. TOMO, JA, MD,	DEPT	F BASH.	57 JOSEP	of Host	TOUSTN PUS
	31. DATE FILED (Month, 1997) 32. REGISTRAR'S SIGNATURE				-	

STEELS OF

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, or Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
-	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

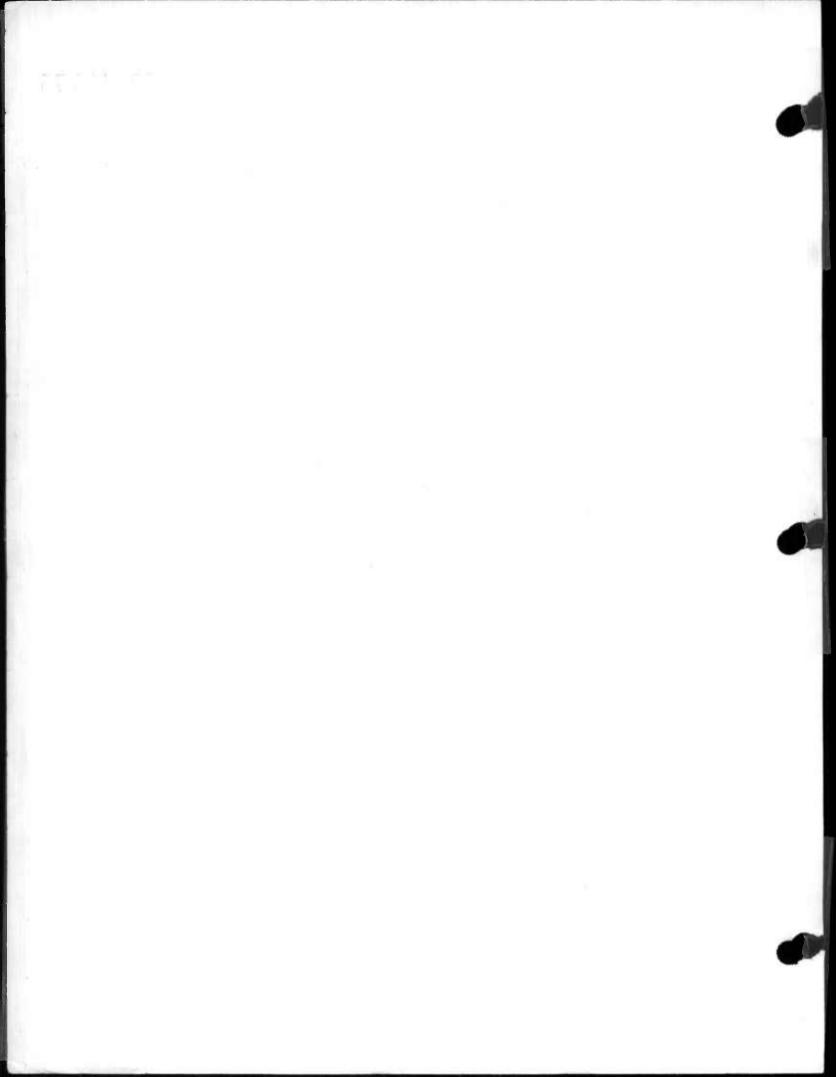
	1 - STATE REGISTRAR	011112 01 11	CI	ERTIF	ICATE O	DEATH		REG. NO.	-			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	v	YEAR	3. TIME OF DEATH	4
	SHARON	ANN			ISA	AACS	5	26		90	10:15	PM
-	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR		7. DATE	OF BIRTN h, Day, Year)		BIRTN Countr	IPLACE (State or For	eign
	212-48-1134	1 🗌 M 2 🔀 F	39	YRS.	MONTHS DAYS	HOURS MIN.		-01-5	0	COUNT	" MD	
	9e. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN	OR LOCATION OF D			9c. COUN	TY OF D	EATN	
OR	Johns Hopkir	s Hospit	al		Ba]	timore						
اق	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT			I 40. OIT	Y, TOWN OR LOC						10d. INSIDE CITY	=
<u> </u>	MD NO. COOM	•				E, CITY				- 1	LIMITS?	
	10e. STREET AND NUMBER			1 571		IOI. ZIP CODE			100 CITIZ	EN OF V	1 X YES 2 1	NO
FUNERAL DIRECTOR		TFORD A	VE.			21213			log. Ciriz	US		
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. AF			ECENDENT OF NISPA			or No-	14. RACI Black	E — American India k, White, atc.	n,
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W				ES 2 NO Speci				Spec	"y: BLACK	
	15. DECEDENT'S EDU	CATION	16a, Di	FCFDFNT'S	USUAL OCCUPA	TION	168	, KIND OF BUS	SINESS/IND	USTRY		
13	(Specify only highest grade Elementary/Secondary (0-12)		(0	live kind of Do NOT u	work done during i	most of working						
P	Elementary/secondary (0-12)	3yrs.	" EXE	CUT	VE SE	CRETARY	_					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTNER'S NA	AME (First,	Middle, Malden	Sumame)			
BE C	ROBERT McGEE					ANNA	JO	HNSON				
TO B	19e. INFORMANT'S NAME (Type/Print)		19			t end Number or Rural						
ř	ROBERT McGEE			160	N.	MILTON /	AVE/	BALT	IMOR	Ε,	MD. 21	213
	20a. METNOD OF DISPOSITION 1/∟ Burlel 2 ☐ Cremetion 3 ☐ Rem	noval from State	B A L	OF DISPO		cemetery, cremetory or			CATION —			
	4 Donation 6 Other (Specify)		BALI	TMOF		METERY		BA	L 1 1 1 1 1	UKE	, MD	
	21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22. NAME	AND ADDRESS OF F	ACILITY					
	Glady	Wan	لس		WM.	C. MARCI	H F.	H. 11	01 E	. N	IORTH A	V E
	23. PART I. Enter the diseases, pr				not enter the r	node of dying, su	ch as cer	diec or reep	lretory sm	est,	Approxima	
- 1	ahock, or heert feilure. IMMEDIATE CAUSE (Finel	List only one ceu	ise on each lin	е.							Onset and	
	disease or condition resulting in death)	. Mult	iple st	ab ar	nd cutt:	ing wound	ls					
	Todaming in down,	DUE TO	(OR AS A CONSE	EQUENCE O	F):							
N	Sequentially ilst conditions,	b										
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	OUE TO	(OR AS A CONSE	EDUENCE C	PF):							
길	CAUSE (Diseese or injury that initiated events	C. OUE TO	(OR AS A CONSE	EDUENCE C	PF):							
E	resulting in death) LAST											
PHYSICIAN: MEDICAL CERTIFICATION		u										
AL	PART II. Other significent conditio	ns contributing to	death but not	resulting	in the underly	ing cause given in	n Part I.	24a, WAS AN PERFOR		241	MAILABLE PRIOR	TO
20								1 X YES	NO D		COMPLETION DF COMPLETION OF CO	AUSE
Z											1 X YES 2 - F	40
Z.		1										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C	-					-
IYS	1 ☑ YES 2 ☐ NO 27. MANNER OF DEATN	1 Inpetient 2 2		3 ∐ DOA 28b, T/I		ome 5 - Residence		er (Specify)	IN ILIBA OC	CHEED		
급	1 Natural 5 Pending	5-26-	Day, Year)	IN	JURY	WORK?					1	
BY	2 Accident Investigation 3 Suicide & Could not be	26e PLACE C	OF INJURY — At h				26I, LO	bject.	end Number			
9	4 Homicide 6 Could not be	building,	, atc. (Specify)				C/h	or Town, State, Montf)			MD
	29e. CERTIFIER 1 CERTIFYING PNYS	SICIAN: To the best of	f my knowledge a	home		into and pings and de					, Darto,	LID.
COMPLETED	(Check only one) 2 MEDICAL EXAMIN										(e) and manner ee s	tated.
	196 SIGNATURE AND TITLE OF CERTIFIE	0 00		0 10 20 20	1	29c, LICENSE N					O (Month, Day, Year)	
BE	Wan F	1/2/1/	N	1			CME			5-27		
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	ISE OF DEATH (IT	EM 27) (Tvo	Print)		U-111			J 21		
	Mario F. Golle	Jr. W	William .		1	Street		Balt.	imore	. Mr	21201	
	31. DATE FILED (MONTH) Day, Woody with	32. REGISTR	AR'S SIGNATURE					2010		,	22202	

FOR STATE REGISTRAR

1 -

	1. DECEDENT'S NAME (First,	MIGGIB, LEST)								2. DATE C	F DEATN	LW.	VEAR	3. TIME OF DEATH
	Catheri	ne Jor	nes							монтн 05	28		90	5:50a M
	4. SOCIAL SECURITY NUMB		5. SEX	8. AGE (In yrs. In				IF UNDER		7. DATE O	F BIRTN		a BIRTH	IPI ACE /State or Formion
	578 26 87	97	1 □ M 2 🖔 F	85 8	YRS.	MONTHS	DAYS	HOURS	MIN.	Aug".	Day, Joach	19) 5 ^{Counti}	Wash.,D
	9a. FACILITY NAME (If not in-	stitution, give s	street and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE	ATN		9c. COL	INTY OF D	EATH
DIRECTOR	Southern Man	ryland	Hospita	1			Cli	nton				Prir	ice G	eome's
ᇤ	10a. STATE	10b. COUNT			10c. CIT	ry, town (OR LOCAT	ION						10d. INSIDE CITY LIMITS?
E I	Maryland		PG		1	Fair	mon	t He	-iah	its				LIMITS?
	10e. STREET AND NUMBER						_	. ZIP COD				10g. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	805 East	ern A	venue					207	743				U	SA
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A						NIC ORIGIN?		or No-	14, RACE Black	E — American Indian, k, White, etc.
B≼	1 Never Married 2 1		IF YES, GIVE V					2 NO			,		Speci	Black
COMPLETED		EDENT'S EDU y highest grade			Give kind of	work done			ng	18b. I	KIND OF BU	SINESS/IN	DUSTRY	
٦	Elementary/Secondary (0		College (1-4 or 5	+) "	fe. Do NOT u									
Ř	12th Grad				Ret.	ired		10 MOT	NED'S NA	ME (First, Mi		V.		
	George Hi									ella		,		
BE	19a. INFORMANT'S NAME (7			1	19b. MAILING	G ADDRES	S (Street a	l		Route Numbe			p Code)	· · · · · · · · · · · · · · · · · · ·
2	Calvin L.		S							ue,N				.D.C. 20
	200 METHOD OF DISPOSIT	ZON		20b. PLAC	E OF DISPO								City or To	
	Burial 2 Crematio	on 3 □ Reπ (Specify)	noval from State		_{plece)} linat	ton	Nat	iona	al ('emet	arv	А	rlin	aton.Vira
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSER	L		_22.	NAME AL	NO ADDRE	SS OF FA	inera	_			y work I have
	Attu	VF	New	PAT	TIL	_				ng R				
	23. PART I. Enter the di	iseeses, or	complications the	et couced the	deeth. Do	not enter								Approximate
CERTIFICATION	disease or condition resulting in death) Sequentially list condit if eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Inju	diete ING	b. DUSE TO	OR AS A CONS	EOUENCE C	ch PF:	fe.	Lie	14	leng	511	7	*	
E	that initiated events resulting in death) LAS	т	d. =											
			dns contributing to	deeth but no	t resulting	In the u	nderlyin	g csuse	given in	Part I.	24s. WAS AN		24t	WERE AUTOPSY FINDINGS
	resulting in death) LAS	ent condition	d		t resulting	In the u	nderlyin —	g csuse	given in		24a. WAS AM PERFO	RMED?	246	S. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	resulting in death) LAS	ent condition	_		t resulting	In the u	nderlyIn	g csuse	given in		PERFO	RMED?	24t	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	PART II. Other significe	ent condition	_		t resulting	In the u	nderfylin	g cause	given in		PERFO	RMED?	246	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other signification of the state of	ent condition	HOSPITAL:	A	· · · · · · · · · · · · · · · · · · ·	In the un					PERFO	RMED?	246	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	PART II. Other signification of the state of	ent condition	HOSPITAL:	ER/Outpetlent	3 DOA	OTHE 4 Nu	26. Pi	LACE OF (DEATH (C)	neck only one	PERFOI YES (Specify)	RMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other signification of the state of	ent condition	HOSPITAL: 1 Id Inputant 2 28e. DATE 0	ER/Outpetlent	3 DOA 28b. Til	OTHE 4 Nu	26. Pi R: raing Hon 28c. IN.	LACE OF C	DEATH (C/	neck only one	PERFO	RMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
D BY PHYSICIAN: MEDICAL	PART II. Other significe 25. WAS CASE REFERRED T EXAMINER? 1 YES NO 27. MANNER OF DEATN 1. Netural 5 2 Accident 3 Suicide 6	ont condition O MEDICAL Pending investigation Could not be	HOSPITAL: 1 Id Inpetiant 2 28a. DATE 0 (Month, I) 28a. PLACE	ER/Outpatient	3 DOA 28b. TH	OTHE 4 Nu	26. PR: raing Hon 28c. IN. 1	LACE OF C	DEATH (C/	8 Other 28d. DESc	PERFOI YES (Specify) CRIBE HOW	RMED? 2 NO INJURY Or	CCURED	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
D BY PHYSICIAN: MEDICAL	PART II. Other significe 25. WAS CASE REFERRED T EXAMINER? 1 YES NO 27. MANNER OF DEATN 1. Netural 5 2 Accident 3 Suicide 6	ont condition	HOSPITAL: 1 Id Inpetiant 2 28a. DATE 0 (Month, I) 28a. PLACE	ER/Outpetlent F INJURY Dey, Year) OF INJURY — At	3 DOA 28b. TH	OTHE 4 Nu	26. PR: raing Hon 28c. IN. 1	LACE OF C	DEATH (C/	8 Other 28d. DESc	PERFOI YES (Specify) CRIBE HOW	RMED? 2 NO INJURY Or	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significe 25. WAS CASE REFERRED T EXAMINER? 1 YES NO 27. MANNER OF DEATN 1 Netural 5 Accident 3 Suicide 6 Nomicide 29a. CERTIFIER (Check only one) 2 MED	Pending Investigation Could not be determined TIFYING PNYS	HOSPITAL: 1 1 Inpetiant 2 28a. DATE O (Month, I) 28a. PLACE building	ER/Outpatient FINJURY Jay, Year) OF INJURY — At, atc. (Specify)	3 DOA 28b. Till IN home, term,	OTHE 4 Nu ME OF IJURY M	26. PR: raing Hon 28c. IN. Wt 1 tory, office	LACE OF 6	DEATH (C/ ealdence NO	8 Other 28d. DES4 28t. LOCA City o	PERFOI 1 YES: (Specify) CRIBE HOW TION (Street r Town, State	RMED? 2 NO INJURY Or and Number onner as at and due to	or Rural and the course (AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significe 25. WAS CASE REFERRED T EXAMINER? 1 YES NO 27. MANNER OF DEATN 1 Netural 5 No 27. MANNER of DEATN 27. Accident 3 Suicide 6 Nomicide 4 Nomicide 29a. CERTIFIER (Check only one) 2 MED	ont condition O MEDICAL Pending investigation Could not be detarmined TIFYING PNYS HICAL EXAMIN	HOSPITAL: 1 Id Inpatiant 2 28a. DATE O (Month, i) 28a. PLACE building	ER/Outpetient FINJURY Dey, Year) OF INJURY — At act. (Specify) of my knowledge, examination end/of	3 DOA 28b. Till IN home, tarm, deeth occur or investiget	OTHE 4 Nu ME OF IJURY M atreet, fac	26. PR: raing Hon 28c. IN. Wt 1 tory, office	LACE OF 6	DEATH (C/ ealdence NO	8 Other 28d. DES4 28t. LOCA City o	PERFOI 1 YES: (Specify) CRIBE HOW TION (Street r Town, State	RMED? 2 NO INJURY Or and Number onner as at and due to	or Rural and the course (ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significe 25. WAS CASE REFERRED T EXAMINER? 1 YES NO 27. MANNER OF DEATN 1 Netural 5 No 27. MANNER of DEATN 27. Accident 3 Suicide 6 Nomicide 4 Nomicide 29a. CERTIFIER (Check only one) 2 MED	Pending Investigation Could not be detarmined	HOSPITAL: 1 Id Inpatiant 2 28a. DATE O (Month, i) 28a. PLACE building	ER/Outpetient F INJURY Pey, Year) OF INJURY — At atc. (Specify) of my knowledge, examination end/of ABLS SIGNATURE	3 DOA 28b. Till IN home, tarm, deeth occur or investiget	OTHE 4 Nu ME OF IJURY M atreet, fac	26. PR: raing Hon 28c. IN. Wt 1 tory, office	LACE OF 6	DEATH (C/ ealdence NO	8 Other 28d. DES4 28t. LOCA City o	PERFOI 1 YES: (Specify) CRIBE HOW TION (Street r Town, State	RMED? 2 NO INJURY Or and Number onner as at and due to	or Rural and the course (ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



he hosp	detache	once.
0 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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NG PH	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fue field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	marke
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	1 - FOR STATE REGISTRAR	OF MARYLAND	/ DEPARTM				GIENE G. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) Haymon B. JORE		1			2. DATE OF DE	ATH	1990	3. TIME OF OEATH 9:30p.m. M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M :	- 17		MOER 1 YEAR THIS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIS (Month, Day,	TH 15	B. BIRT	HPLACE (Stete or Foreign Tginia
TOR	9a. FACILITY NAME (If not institution, give street and nu Franklin Square Hospi:		96.		ville	ATH		ltime	
DIRECTOR	10s. STATE Maryland 10b. COUNTY Baltim	ore	10c. CITY, TO	WN OR LOCATI		··			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 7 Linhigh Avenue			10f.	21206		10g. C	USA	WHAT COUNTRY?
BY FUN	1 Name Married 200 Married FORG	DECEDENT EVER IN U.S. ES? 1 X YES 2 S, GIVE WAR OR DATES WW 1	NO	If yes, spe	ENDENT OF HISPAN city Cuban, Mexican NO Specify	, Puerto Rican,		Bla	CE — American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 5th grade College	16e.	DECEDENT'S USU (Give kind of work the Do NOT use ret Machini	done during mos ired.)		200,000,000	of Business/i		eal
BE COM	17. FATHER'S NAME (First, Middle, Last) Jacob Jordan	\\			16. MOTHER'S NAM Blaire	Grogg	Maiden Surname)	
TO E	19a. INFORMANT'S NAME (Type/Print) Henry Woppman		121 Les	slie Av	ed Number or Rural A renue Bal	to., M	d. 212	36	
	20a. METHOD OF DISPOSITION 1XC Burlel 2 Cremation 3 Removal from 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE		rdens of	Faith	Cemeter	Э	Baltin		
	Lassohn France			7401	ann Fune Belair	Rd. Ba	lto., N		21236
	23. PART 1. Enter the diseases, or complicat shock, or heert failure. List only IMMEDIATE CAUSE (Finel disease or condition resulting in death)		lne.			n as cardiac d	r respiratory	arreat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially liet conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Aspiration of as a control of a control of a contr		monia					
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contrib Celiac Disease Hypothyroid Type Two Diabe		ot resulting in t	ne underlying	ceuse given in		WAS AN AUTOPS PERFORMED? YES 2 NO	SY 2	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ITAL:		THER:	ACE OF DEATH (Chi		olh d		
Y PHYS	27. MANNER OF DEATH 28a 1 Naturel 5 Pending	. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WO			E HOW INJURY	OCCURED	
TED BY	2 Decident	PLACE OF INJURY — At building, etc. (Specify)	home, farm, stree	t, factory, office		281. LOCATION City or Tox	l (Street and Num rn, State)	ber or Run	of Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To to medical examiner: On the								e(a) and manner as stated.
86	296. SIGNATURE AND TITLE OF CHITIPPEN	ty D	.0.		29c. LICENSE NUN	ABER /A	29d. C	May	ED (Month, Day, Year) 24 1990
2	30. NAME AND ADDRESS OPPERSON WHO COMPLI	T 2 20 90		ankli	a Squ	ore D	ire,	Bail	THORE
	31. DATE FILED/Month, DAY, Year)	CAN GOOD WATER	80.						

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AT AT THE ST. IN T. IN

BALLIMONE, MARYLAND	* nours after death, Page 6 may be retained by the hos	filled in by the funeral director, page 5 should be detache on, or removal.	ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13140,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2xmours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR; After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 . STATE	STATE OF	MARYLAND	.DEPAF	RTMENT OF	HEALTH AND	MENTAL	. HYGIEN	ΙE	_		
	1 - REGISTRAR		C	ERTIF	ICATE O	DEATH		REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Las							OF DEATH			3. TIME OF D	EATH
	BELLE E.	KOMBER					May	23	1990	YEAR	12:30	М м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthdev)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		DF BIRTH	2000	s. BIRT	HPLACE (State o	
	214-30-3062	1 □ M 2/12 F	85	YRS.	MONTHS DAYS	HOURS MIN.	(Month	, Day, Year)	7.00%	Coun	try)	
		222	85	Tho.				25.	1904		ryland	
	9e. FACILITY NAME (If not institution, give					OR LOCATION OF D	EATH			NTY OF		
0	Dulaney Towson I	Nursing H	ome		Towson	n			I	Balt	imore	
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, CDU	ITV		40- 00	Y, TOWN OR LOC	ATION					10d. INSIDE C	124
											LIMITS?	
	Maryland N	A		B	altimor						XX YES 2	
A	10e. STREET AND NUMBER				1	Of. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY	7
H	3511 Dudley Ave	•				21213				US	A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. A	RMED		ECENDENT OF HISPA			s or No-	14. BAC	E — American I	ndlen,
II.	1 Never Merried 2 Merried		1 ☐ YES ZXX WAR OR DATES	JKO	If yee,	specify Cuben, Mexico	an, Puerto F	Ricen, etc.)		Blac	ck, White, etc.	
BY	3. Widowed 4 Divorced	W 120, 0172	TALL ON BALLS		, , ,	S MAINO Specia	· y .			Ope	White	
8	15. DECEDENT'S E		18e. D	ECEDENT'S	USUAL OCCUPA	TION	16b.	KIND OF BU	SINESS/INI	DUSTRY		1.7
	(Specify only highest gre	de completed) College (1-4 or 5	- 64	Give kind of a. Do NOT u	work done during in se retired.)	nost of working						
2	Elementary/Secondary (0-12) 8th	Conege (1-4 or 5		ecie	tant Ma	nager		Bak	omr			
COMPLET	17, FATHER'S NAME (First, Middle, Last)			13213	tant ma		1115 65			_		
						18. MOTHER'S NA		Widdle, Maiden	Surname)			
BE	George Andrew H	orney				Mary W						
0	19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILIN	AOORESS (Street	t end Number or Rural	Route Numb	ber, City or Tov	vn, State, Zij	p Code)		
-	Mary Jane Komber	2		351	l Dudley	7 Ave. Ba	ltimo	ore, M	aryla	and	21213	
1 1	20e. METHOD OF DISPOSITION				SITION (Name of	semetery, crematory or		20c. LC	CATION -	City or 1	Town, State	
	1XXBurial 2 Cremation 3 Red 4 Donation # Other (Specify)	movel from State	Most		y Redeer	ner		Ba1	timo	re.	Marylar	d
	21. SIGNATURE OF FUNERAL SERVICE	Egiste, /	10 1	4		AND ADDRESS DF FA	ACILITY	2002			141, 141	
	- Kennus V	ugenen /	enan	eis								
Щ	Dennis Ste	phen Xenal	Ris		Mitch	nell-Wied	efeld	i Home	6500) Yo	rk Rd 2	1212
	23. PART I. Enter the diseases, part shock, or heart failur				not enter tha r	node of dylog suc	ch ss carr	diac or reap	iratory sr	reat.	I Ammon	imate
	anock, or neart lailur	e. List Offix Offe Ca				toda or dynig, out	011 00 0010					
1 1	IMMEDIATE CALISE (Float	•	use on asch iir	iei.		roug or cynig, so		•			Interve	nd Death
1 1	IMMEDIATE CAUSE (Final disease or condition				omatoci			•			Interve	
					omatosi						Interve	
	disease or condition	. Genera	lized Ca	arcin		s					Interve	
NO	disease or condition resulting in death) Sequentially list conditions,	. Genera	lized Ca	arcin	nsverse	s					Interve	
ATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	. Genera DUE TO Adenoc	lized Ca	arcin	nsverse	s					Interve	
ICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	S. Genera DUE TO Adenoc DUE TO ASCVD	lized Ca oras a consi arcinoma oras a consi	arcin EDUENCE (a Tra EOUENCE (nsverse PF:	s					Interve	
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	S. Genera DUE TO Adenoc DUE TO ASCVD OUE TO	lized Ca o (or as a consi arcinoma o (or as a consi	arcin EDUENCE (Tra EOUENCE (nsverse OF):	Colon					Interve	
ERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	S. Genera DUE TO Adenoc DUE TO ASCVD	lized Ca o (or as a consi arcinoma o (or as a consi	arcin EDUENCE (Tra EOUENCE (nsverse OF):	Colon					Interve	
8	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Genera DUE T Adenoc DUE T ASCVD OUE T C. ASCVD	lized Ca o (or as a consi arcinoma o (or as a consi o (or as a consi c Atrial	arcin EDUENCE Tra EDUENCE EDUENCE	nsverse PF: rillati	s Colon on		24s. WES A	N ALITOPSY		Interval Onset	and Death
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COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condit A nemia Seco 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	B. Genera DUE TO B. Adenoc DUE TO C. ASCVD OUE	lized Ca o (or as a consi arcinoma o (or as a consi c (or	arcin eduence of a Tra eouence of a Tra	INSVERSE OF): rillati In the underly 26. OTHER: 4 Nursing H ME OF JURY M 1 street, factory, of	COLON ON Ing cause given in PLACE OF DEATH (C ome 5 Residence NJURY AT WORK? YES 2 NO filee ate and place, and du , deeth occured at th	n Part I. theck only or 6 Othe 28d, DE: 28f, LOC City ie to the cere ie time, dete	PERFO 1 VES TO YES	INJURY Oceand Numbers)	CCURED or or Rura sted.	Interval Onset	Y FINDINGS OR TO OF CAUSE
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30. NAME AND AGOR SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

3. BEGISTDAR'S SIGNATURE Juha Dawdson-Handalle

Sebastian,

1990

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Ruben

Joppa Medical Center 2314 E. Joppa Road Baltimore, Maryland 21234

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	HEGISTHAH			0-111111	IUM		DEATH		HEG. NO.			
í	1. DECEDENT'S NAME (First, Middle, Last)							MONTH		NY .	YEAR	3. TIME OF DEATH
	ETHEL ANN KEAR									8 '90 /2:50 Am		
	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday) YRS.	MONTH	DER 1 YEAR	IF UNDER 24 HRS. NOURS MIN.		Day Year)		Count	
	233-28-5223		85	THS.	MONTHS DAYS NOURS MIN. 11 06 104 W. Va.							
	9a. FACILITY NAME (If not institution, give s				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						EATH	
	Francis Scott Key	rancis Scott Key Med. Cntr.					Baltimore, Md.					
	10s. STATE 10b. COUNTY	10c, CIT	Y, TOWN OR LOCATION 10d, INSIDE					10d. INSIDE CITY				
	Maryland			В	Baltimore					1 TYPES 2 NO		
	10e. STREET AND NUMBER						H. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?		
	1145 Steelton Ave	anuo.					21224			U.S.A.		
	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U	LS. ARMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes							
	1 Never Married 2 Married	FORCES? 1	YES	2 NO	If yes, specify Cubsn, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:				0. 1.0	Blac	k, Whits, atc.	
	3 Mildowed 4 Divorced						3 2-1-1 NO Spen	uny.			Spec	White
	15. DECEDENT'S EDU		- 1	6a. DECEDENT'S	USUA	L OCCUPAT	ION	16b.	KIND OF BUS	SINESS/INO	USTRY	
	(Specify only highest grade completed) (Give kind of work life. Do NOT use ref						iost of working					
				Homem	ake	r						
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (First, M	fiddle, Malden	Sumame)		
	Arthur Murray						Rebec	ca Mcl	Kenney			
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDF	ESS (Street	and Number or Run	al Route Numb	er, City or Tow	n, State, Zip	Code)	
	Mrs. Vivian Sabi	eski		1145	St	eelto	n Avenu	e - Ba	altimo	re, N	id.	21224
	20s. METHOD OF DISPOSITION		20b. F	LACE OF DISPO			emetery, cremetory of			CATION —		
1	1 ☑ Burisi 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from Stats	_ '	ther place) Beverly	Hi	lls N	(emorial	Garde	ens -	Monor	nga 1	ia Co., W.Va
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			T	22. NAME /	ND ADDRESS OF	FACILITY				
	> Walter &.	A,	1.	•		Walter Dabrowski Funeral Chapel 1005 Dundalk Avenue - Baltimore, Md. 21224						
4		Labror	ven	and the De								
- 1	23. PART I. Enter the diaeesea, or ahock, or heart feliure.				not sr	itsr ths m	oas or aying, si	uch aa cerd	iec or reepi	ratory em	est,	Approximete interval Between
-	IMMEDIATE CAUSE (Finsi	. 1.		1	1 60 0 6-50						Onset end Deeth	
	disease or condition resulting in desth)	a. 10 F	racro	iniai		nem	orrua	90				7 days
		OUE TO	(OR AS A C	ONSEQUENCE O							15	
	Sequentially list conditions,	b. Cere	Or OV	a SCU (C							royears	
	If any, lesding to immediate cause. Enter UNDERLYING										Loyears	
	CAUSE (Diseese or injury	a hype	OR AS A C	ONSFOLIENCE	E)·							Jears
	that initieted evente resulting in desth) LAST		(,,							
		d										
	PART ii. Other aignificant condition	_			in the	undsrlyi	ng ceuse given	in Part i.	24a. WAS AN		24	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	chronic re	nal f	ailu	re					1 YES 2	4		COMPLETION OF CAUSE DF OFATH?
								1	-			1 TYES 2 NO
												-
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1106					PLACE OF OEATH (Check only on	e)			
6	1 YES 2 NO	HOSPITAL:	☐ ER/Output	lent 3 DOA		HER: Nursing Ho	me 5 - Residenc	e 6 🗆 Othe	r (Specify)			
	27. MANNER OF DEATH	28s. DATE O	F INJURY Day, Year)	26b. TII	WE OF	28c. If	JURY AT	28d. DES	CRIBE HOW	NJURY OC	CURED	
	1 Natural 5 Pending 2 Accident Investigation		-,,,		-1		YES 2 NO					
	3 Suicids 6 Could not be		OF INJURY -	- At home, farm,	street,	factory, off	Ice	26f. LOC	ATION (Street or Town, State)	and Number	or Rural	Route Number,
	4 Homicide determined											
	296. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	f my knowle	dgs, death occur	red at t	the time, de	te and place, and o	fue to the cau	rse(s) and ma	nner ss stat	ted.	
	(Critick Office											(s) and menner as stated.
3	29b. SIGNATURE AND TITLE OF CERTIFIE						29c, LICENSE P		-			D (Month, Day, Year)
1		can M	. 0.	101	no	Char	A 2 7	TOMBER		290. DAT) 5	18 190
2	30. NAME AND ADDRESS OF PERSON WI			H (ITEM 27) da	Delast	Checus	103//	60				.0/10
	Ale Diace M	.6	CHANGE	N. Wal	(Pe	54.	Johnst	odu'n.	e Hoa	ail	2 P	and timora. Mr
	31. DATE FILED (Marie Vier)	32. REGISTR						h	, ,	0,,		2/2//
	HADE A STORE O	SE TIEGRATIA	+ 510175									

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age 6 may be retained by the hospital or attending physician, BALTIMORE, MARYLAND 21203-3146

director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should

be notified at once.

examiner must

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DIVISION OF WINE RECORDS, F.S. BOX 19139,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, F	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT; If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 37 - ove++ 90 elen 8. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH th, Day, Year) 180 H 894 F DAYS HOURS MARYLAND 220-09-85 YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltinora DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Beltinore 3 ms FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? A 5 1201 34 W. 7 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indien, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cubin, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 2 NO 1 Never Merried 2 Merried BIACK BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple College (1-4 or 5+) Elementary/Secondary (0-12) HOUSE WIFE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) wesle BE 19b. MAILINO AOORESS (Street and Number or Rural Rouge Number, City or Town, 1022 EVESHAM AUE BA 19e, INFORMANT'S NAME (Type/Print) 2 ARMSTRUMG MARIE METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name 20c. LOCATION - City or Burial 2 Cremation 3 Rer Donellon 5 Other (Specify) CEMERRY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY CHAIMAN-HAMIST. Bern 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata ahock, or heart fallure. List only one cause on each line. interval Batween **Onset and Death IMMEDIATE CAUSE (Final** disease or condition resulting in death) · Oneumonia OUE TO (OR AS A CONSEQUENCE OF): ~ PHYSICIAN: MEDICAL CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE ms-GF: 1 TYES 2 NO OF DEATH?

ACLUA C	3-12	em	50100	_	1 TYES 2 NO
S. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C	theck only one)	-
EXAMINER? 1 YES 2 NO	HOSPITAL:		1ER: Nursing Home 5 □ Residence		
7. MANNER OF DEATH 2 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	RED
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street,	factory, office	28f. LOCATION (Street and Number of City or Town, State)	Rural Route Number,

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. (Check only one)

2 🔲 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and menner se stated.

	CONTRACTOR A SECURITION OF THE PERSON OF THE			
296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)	

30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF GEATH (ITEM 27)	(Type, Print)	4	. 0	w. 141.
John M. Tro	avaline m	V NV.	: ursity	Huse, B.	3/30
31. OATE FILED (MONTH, Day, Year) MAY 3 1 1990	30 REGISTRAR'S SIGNATURA	配		9	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. N	0.		
1. DECEDENT'S NAME (First, Middle, Last)	VIRGINIA	LUCILLE LO	NG			DAY	YEAR 3. TIME OF DEATH	
	009		5			2 1 1 1 7 7		
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	(44		BIRTHPLACE (State or Foreign Country)	
215-16-9363	1 □ M 2 Ø F 69 YRS.			HOURS MIN.	Nov. 4,			
9a, FACILITY NAME (If not institution, give a	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH			
Hamawaad Haspita	Cantan		Ral	timore				
Homewood Hospital	cemer		bac					
10a. STATE 10b. COUNT		10c. CITY, 1	OWN OR LOCA	TION			10d. INSIDE CITY LIMITS?	
Maryland	uland			h O		1 X YES 2 NO		
10e, STREET AND NUMBER			Baltimore 101, ZIP CODE			10g, CITI	ZEN OF WHAT COUNTRY?	
Homewood Hospital RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland 10c. STREET AND NUMBER 18 E. Preston St. 11. MARITAL STATUS				21202			USA	
11. MARITAL STATUS		IN II O ADMED	T 40 1110 DE			1		
	Never Married 2 Married FORCES? 1 YES 2 XNO				NC ORIGIN? (Specify)	res or NO-	14. RACE — American Indian, Black, White, atc.	
3 Wildowed 4 X Divorced	I IF YES, GIVE WAR OR DATES					1 TES 2 NO Specify: Spec		
				211			White	
(Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use r	done during m	ost of working	16b. KIND OF E	USINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)				1 ,,	4.0		
		Houseke	eper		H	otel		
17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meld			
	1g			Mary	Ellen Dobi	oins		
19a. INFORMANT'S NAME (Type/Print)	17	19b. MAILING AL	DRESS (Street	and Number or Rural i	Route Number, City or T	own, State, Zip	Code)	
Leonard Scarber	ry	930 H	omeste	ad St i	Baltimore	. MD	21218	
20a. METHOD OF DISPOSITION	21	Db. PLACE OF DISPOSIT					City or Town, State	
1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	ioval from State	Green Mou	nt Com	otonu			re, MD	
21. SIGNATURE OF PUMPHAL SERVICE LI	CENSEE	O'CCCT MOU	22 NAME A	ND ADORESS OF FA	CILITY			
1/1/4.	1111		ROBE	RT C. AL	TENBURG F	UNERAL	. HOME, INC.	
Mr Dunge	Mala		6009	Harkord	Rd., Bal	timore	2. MD 21214	
Sequentially list conditions,	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF:	EAST	CANCE July 0	ja in-i,			
	d							
PART II. Other algolificent condition	ns contributing to death	but not resulting in	tha undarlyli	ig cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE	
<u> </u>					1 □ YES	2 NO	OF DEATH?	
							1 TES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF DEATH (Ch	neck only one)			
1 TYES 2 NO	1 Inpatient 2 - ER/Ou			ne 5 🗆 Residence	6 Other (Specify)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HO	W INJURY OC	CURED	
Tartoral 5 Periodical	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 333		YES 2 NO				
	28e. PLACE OF INJUI	RY — At home, farm, str	et, factory, offi	ca	26f. LOCATION (Stre	et and Number	r or Rural Route Number,	
4 Homicida determined	building, atc. (Sp	неспу)			City or Town, Sta	10)		
3 Sulcide 4 Homicida 6 Could not be determined 29a, CERTIFIER (Check only one) 2 MEDICAL EXAMIN	IICIAN: To the best of my kno	owledge, death occurred	at the time, dat	a and place, and due	to the cause(s) and r	nanner aa sta	ted.	
one) 2 MEDICAL EXAMIN	ER: On the basis of examinat	ion and/or investigation,	In my opinion,	death occured at the	time, data and place,	and due to th	he cause(s) and manner as stated.	
	R			29c. LICENSE NU	MAER	294 DAT	'E SIQNEO (Month, Day, Year)	
61 00 11	A .			D3808		> <	-/2-1	
30. NAME AND A CORESS OF PERSON WE	O COMPLETED CALLES OF	SEATH STEEL OF STATE OF	rienti	103608	100	1	129/90	
				land o				
24 DATE EN EN CLASS	32. REGISTRAR'S SIG	K Drive	Dalto.	Ma 2	1211			
31. DATE FILED (Month, Day, Year)	JZ. HEGISTRAR'S SIG	TATORE						
MAY 3 1 1990	HAR Devidson-1	outones.						
111111111111111111111111111111111111111							DHMH-16 Rev 1	

ALLE TO THE TAKE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	Item 7; 6								9	0 14782
	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DE	PARTME	NT OF H	EALTH AND I	MENTAL H	YGIENI		
	1. DECEDENT'S NAME (First, Middle, Last)		OLIT		12 01	DEATH	2. DATE OF	100. 110.		3. TIME OF DEATH
	BOYAN	JOSEPH	LEI	NIS			MONTH	2	8 9	0 7:30 AM
	4. SOCIAL SECURITY NUMBER 214-576-2685	5. SEX 6. A	GE (In yrs. last birth	RS. FU	HB DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 1	1949		BALTIMORE
OB BO	90. FACILITY NAME (If not institution, give : Mi, V. ey Ma-ylan	1 11	0		At Pm	or Location of De	EATH		9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT MARYLAND BAL	TIMORE	104		WN OR LOCA					10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	URT		LOTT	10	21093				OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1 1 1	ES 2 NO		13. WAS DEC	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specifi	in, Puerto Rice	n, etc.)	or No— 14.	RACE American Indian, Black, White, etc.
ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDI	ICATION	16a, DECEDI	ENT'S USUA	L OCCUPATION	X	MHII		INESS/INDUST	MHIIE
COMPLETED	(Specify only highest grade	College (1-4 or 5+)	TEAC	VOT use retin	one during mo ed.)	ast of working		EDUC	ATION	
	17. FATHER'S NAME (First, Middle, Last) VERNON R. LE	WIS				18. MOTHER'S NA MARGAR		A .	Surname) HUNGEI	2
TO BE	19e. INFORMANT'S NAME (Type/Print)	EWIS		SAME	AS	and Number or Rural	Route Number,	City or Town	, State, Zip Coo	(e)
	20e. METHOD OF DISPOSITION Burial 2 DICremation 3 Ren 4 Donullon 8 Other (Specify)	novel from State	GREEN M	OUNT	CEMET	ERY 5-29	-1990		ALTIMO	
	21. SIGNATURE OF FUNERAL SERVICE U	111111	7W			TOUSON F	T		N, MD :	21204 YORK RD.
	23. PART I. Enter the disesses, or	complications that ca	used the death.	Do not e						Approximate
	iMMEDIATE CAUSE (Final disease or condition resulting in death)			al	Hen	ovhag	9			intarval Between Onset and Daath
N	Sequentially list conditions,	· Thomas	bockton	enla						
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	. Hodge	AS A CONSEQUÉ)isea	se				·	
	that initiated eventa resulting in death) LAST	d	AS A CONSEQUE	ICE OF):						
SAL CE	PART II. Other significant condition	na contributing to des	th but not resu	iting in th	e underiyir	g cause given in	Part I. 24	Ia. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
=							_ '	YES 2	G-NO	DF DEATH? 1 TYES 2 NO
MED										
AN: MED	25. WAS CASE REFERRED TO MEDICAL				26. F	LACE OF DEATH (C	heck only one)			
SICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	/Outpetient 3 🗆 1		HER:	LACE OF DEATH (Ci		Specify)		
Y PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending		URY 26		HER: Nursing Hot 28c. IN W		6 Other (S		NJURY OCCUR	ED
ED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day, Y	JURY — At home,	Bb. TIME OF INJURY	HER: Nursing Hor 28c. IN W M 1	me 5 Residence JURY AT ORK? YES 2 NO	6 Other (S	NBE HOW I		ED Rural Route Number,
ED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 5 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHY:	28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, etc.	JURY 26 JURY — At home, (Specify)	DOA 4 DOB TIME OF INJURY farm, street	HER: Nursing Hot 28c. IN W 1 , factory, offi	me 5 Residence JURY AT ORK? YES 2 NO Ce	6 Other (S 28d, DESCR 28f, LOCATE City or	ON (Street in Town, State)	and Number or i	Rural Route Number,
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 5 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHY:	28e. PLACE OF INJ (Month, Day, Y 28e. PLACE OF IN building, etc. SICIAN: To the best of my IER: On the basis of exami	JURY 26 JURY — At home, (Specify)	DOA 4 DOB TIME OF INJURY farm, street	HER: Nursing Hot 28c. IN W 1 , factory, offi	me 5 Residence JURY AT ORK? YES 2 NO Ce	6 Other (S 28d. DESCR 28f. LOCATE City or i	ON (Street in Town, State)	and Number or i	Rural Route Number,
BE COMPLETED BY	EXAMINER? 1 YES 2 DOO 2. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 5 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINED	28e. PLACE OF INJ (Month, Dey.) 28e. PLACE OF IN building, etc. SICIAN: To the best of my IER: On the basis of exami	JUSTY — At home, (Specify) knowledge, death ination and/or invest	DOA 4 D B. TIME OF INJURY farm, street occurred at stigation, in	HER: Nursing Hot 28c. IN W 1	me 5 Residence JURY AT ORK? YES 2 NO ce e and place, end du death occured at the	6 Other (S 28d. DESCR 28f. LOCATE City or i	ON (Street in Town, State)	and Number or i	Rural Route Number,
COMPLETED BY	EXAMINER? 1 YES 2 DMO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 5 Could not be determined 290. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28e. PLACE OF INJ (Month, Dey.) 28e. PLACE OF IN building, etc. SICIAN: To the best of my IER: On the basis of exami	URY 26 JURY — At home, (Specify) knowledge, death institution and/or investigation.	DOA 4 Disc. TIME OF INJURY farm, street occurred at stigation, in	HER: Nursing Hot 28c. IN M 1	e and place, end du death occured at the	6 Other (S 28d, DESCR 28f, LOCATE City or 1 a to the cause) a lime, date an	ON (Street in Town, State)	and Number or i	Rural Route Number,
BE COMPLETED BY	EXAMINER? 1 YES 2 DOO 2. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 5 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINED	28e. PLACE OF INJ (Month, Dey.) 28e. PLACE OF IN building, etc. SICIAN: To the best of my IER: On the basis of exami	URY 26 ber) 26 JURY — At home, (Specify) troovledge, death nation and/or invertible part of the part	DOA 4 D B. TIME OF INJURY farm, street occurred at stigation, in	HER: Nursing Hot 28c. IN M 1	me 5 Residence JURY AT ORK? YES 2 NO ce e and place, end du death occured at the	6 Other (S 28d, DESCR 28f, LOCATE City or 1 a to the cause) a lime, date an	ON (Street in Town, State)	and Number or i	Rural Route Number,

31. DATE FILED (Month, Day, Year) 31

HENRY

FESSLER TO THE STORE

							9	U	14/83
	FOR STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH A		REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	JINA MCG	(Sul)	C	2. DATE MONTH	OF OEATH	NY YE		IME OF DEATH
	L			F.	$\overline{}$	15 a			KO / PM
	4. SOCIAL SECURITY NUMBER 282 - 28 - 2159	5. SEX 6. AGE (In yrs. lost	YRS. MONTHS		MIN. (Mogati	of BIRTH 1. Dec. (Seer) - 25 - 3	2	Country)	E (State or Foreign
TOR	90. FACILITY NAME (If not institution, give str FRANCIS SCOTT RESIDENCE OF DECEMENT			ALTIMORE		(9c. COUNTY	OF DEATH	
DIRECTOR	10e. STATE 10b. COUNTY		BALTI	OR LOCATION MORE, CI	ΙΤΥ				INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 1227 WOHLER W	ИАY		101. ZIP CODE 2122			10g. CITIZEN		COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 X N IF YES, GIVE WAR OR DATES	MED 13.	WAS OECENOENT OF If yes, specify Cuben, 1 YES 2 NO	Mexican, Puerto I			RACE — A Black, Wh Specify:	WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) /Gi	CEDENT'S USUAL (ive kind of work done . Do NOT use retired.)	during most of working	16b	. KIND OF BUS	SINESS/INDUST	RY	
BE CON	17. FATHER'S NAME (First, Middle, Lest) LUTHER W. VEF	RNETT			EARL (First, I				
TO B	19a. INFORMANT'S NAME (Type/Print) WILEY MCGRAW	į	506 N.		N AVE				05
	20e, METHOD OF DISPOSITION 1	oval from State 20b. PLACE	OF DISPOSITION (A	N CEMETE	R Y	20c. LO B A L	TIMOR	or Town, S	CO, MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		. NAME AND ADDRESS					
	Glady	Warren	W	M.C. MAR	CH F.H	1. 110	01 E.	NOR	TH AVE
	23. PART I. Enter the diseases, or c shock, or haert fallure. I IMMEDIATE CAUSE (Finel	complications that caused the da List only one cause on each line		r tha moda of dyln	ng, such aa card	diac or resp	iratory arrest		Approximata Intarvel Batween Onset and Death
	disease or condition resulting in death)	grer	n O.	Sepsi	2				
		DUE TO (OF AS A CONSE	QUENCE OF):	1					
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS A CONSE	ONENCE OF):	enre					
5	CAUSE (Disease or Injury that Initiated events	cDUE TO (OR AS A CONSE	QUENCE OF):						
F	resulting in death) LAST	d.							
I	PART II. Other algnificent conditions	a contributing to death but not i	moulting in the s	indertylna cause al	Iven In Part I	24n WAS 45	AUTOPSY	24b WEI	RE AUTOPSY FINDINGS
S	Renal Parla		tooming in the t	industrying dawse go		PERFOI	RMED?	AWA	ALABLE PRIOR TO WPLETION OF CAUSE
ED	Drasemental	entravoscular	Coarmle	tra		1 125 2	DOI NO		DEATH?
2 3	5-11-11	care and	7					'	
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ATH (Check only o	ne)			
Sic	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 N	ER: ⊮raing Home 5 □ Rea	sidence 6 🗆 Othe	er (Specify)			
Reral failure Smul cell cancer 1 Yes 2 No No No No No No No									
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	ctory, office		CATION (Street or Town, State	and Number or i)	Rural Route	Number,
COMPLETED	CONSUM ONLY	ICIAN: To the best of my knowledge, do						euse(e) en	d manner ee stated.
EC	296. SIUNATURE AND TITLE OF CERTIFIER	R			NSE NUMBER				nth, Day, Year)
TO B	JR. NAME AND ADDITIESS OF PERSON WHO	O COMPLETED CAMPE OF DEATH (T	SM 273 (Fine Orien)	DE	32645		> 5/	26/4	J

nectopena

X

Read finder Demander Coognation Small cell carren

X

X

61

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATT	TO THE FUNERAL DIRECTO	IMPORTANT: If Item 28

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	211	ALE UF MANTI				DEATH	MENTAL	REG. NO.		
1. DECEDENT'S NAME (First, M	liddle, Last)						2. DATE	OF DEATH		3. TIME OF DEATH
							монтн	DAY	YE	AR M
4. SOCIAL SECURITY NUMBER	die	T.E.E.	(In yrs. last bli	CCorr	NICK NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C	27 9 VE BIOTH		BIRTHPLACE (State or Foreign
	100			YRS. MONT		HOURS MIN.		Day, Year)	0	Country)
236 10 3973			31					/1908		
9a. FACILITY NAME (If not instit				9b.	CITY, TOWN D	R LOCATION OF D	EATH		c. COUNTY	OF DEATH
123	Flemino	Dr.			Tur	ners St	atio	n l	R:	altimore
RESIDENCE OF DECE	DENT									
Md.	Balto		- 1		WN DR LOCAT					10d. INSIDE CITY LIMITS?
ria.	Daice			Turr	iers	Station	1			1 X YES 2 NO
10e. STREET AND NUMBER					101	. ZIP CODE		1	0g. CITIZEN	DF WNAT COUNTRY?
123 Fle	ming Dr					2122	22		ī	U.S.A.
11, MARITAL STATUS	I an wa	AS DECEDENT EVER	M 1/ 0 A PM	- I	40, 110, 050	ENDENT OF HISPA	NIO DDIONY	0 00 a a a la a Mara a a		RACE — American Indian,
1 Never Married 2 X M	erried FC	PRCES? 1 TYES	2NO		If yes, sp	ecity Cuben, Mexico	an, Puerto R	can, etc.)	NO- 14.	Black, White, etc.
3 Widowed 4 Divorce	I IF	YES, GIVE WAR OR	DATES A		1 TYES	2- ND Speci	ly:		T T	Specify: Black
	1		1	- 1						
	ENT'S EDUCATION lighest grade complete	ted)	(G/ve	kind of work of	tone during mo	ON at of working	16b.	KIND OF BUSIN	ESS/INDUST	TRY
Elementary/Secondary (0-1)	2) Colle	ge (1-4 or 5+)	Illu. Do	NOT use retir	red.)					
			Cra	ne Op	perate	or		Beth	leher	m Steel
17. FATHER'S NAME (First, Midd	Ne, Last)					18. MOTHER'S NA	AME (First, N			
Walter	Mc	Cormick				Lizz	io	,	Willo	as ileas
19a. INFORMANT'S NAME (Typ		COLMITCH				and Number or Rural				
					· ·					
Mrs. Vera	Ann Mc	Cormick		123 F	'lemi	ng Driv	re E	Balto.	, Mc	1. 21222
20s. METHOD OF DISPOSITIO		20	Db. PLACE OF	DISPOSITIO	N (Name of cer	metery, crematory or		20c. LOCA	TION — City	or Town, State
Buriel 2 Cremation Donation 5 Other (S	pecify)	om Stata	Arbi	utus				Balte	o N	. bM
21, SIGNATURE OF FUNERAL	SERVICE LICENSEE	n			22. NAME AI	ND ADDRESS OF F	ACILITY			
1 1	0- 1	max			Jame:	s A. Mo	rton	& So:	ns	
Karra	eo u.	1100K	n		1701	Lauren	~ C+	Dol.	h =	MA 21217
23. PART I. Enter the dis-	eeses, or compli	cationa thet ceus	ed the deatl	h. Do not e	nter the mo	de of dying, suc	ch ga card	iac or reapire	tory arrest,	Approximate
		nly one cause on	eech line.				1	2	1	Interval Between Onset and Death
IMMEDIATE CAUSE (Fina disease or condition		m.L.	11:		- 1	0 4	ton	roel	1	Oliset and Death
resulting in death)		100000	100	40						
		110110	a		aa	T OI	001	ioci		
	-	DUE TO (OR AS	A CONSEDU	ENCE OF):	(7 a	001	ioci		
	b	DUE TO (OR AS	A CONSEDU	ENCE OF):	(J a	001	ioci		
Sequentially list condition		DUE TO (OR AS	A CONSEQUI	ENCE OF):	(f a	001	1000		
If any, leading to immedicause. Enter UNDERLYIN	ate G	DUE TO (OR AS	A CONSEQUI	ENCE OF):	(f al	001	1000		
If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury	ate G	DUE TO (OR AS		ENCE OF):	(J 01	001	ioci		
If any, leading to immedi cause. Enter UNDERLYIN	ate G			ENCE OF):	(f al	001	iocu		
If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events	ate G			ENCE OF):	(7 01	001	1000		
If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events	ate G C	DUE TO (OR AS	A CONSEDU	ENCE OF):	(J		24s. WAS AN AL	JTOPSY	24b. WERE AUTOPSY FINDINGS
If any, leading to immeditions. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. d	DUE TO (OR AS	A CONSEDU	ENCE OF):	(J		24s. WAS AN AL PERFORM	JTOPSY ED2	MAILABLE PRIOR TO
If any, leading to immeditions. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ate G C	DUE TO (OR AS	A CONSEDU	ENCE OF):	(J		24s. WAS AN AL	JTOPSY ED2	
If any, leading to immeditions. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. d	DUE TO (OR AS	A CONSEDU	ENCE OF):	(J		24s. WAS AN AL PERFORM	JTOPSY ED2	AMAILABLE PRIOR TO COMPLETION OF CAUSE
If any, leading to immedit cause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	c. d	DUE TO (OR AS	A CONSEDU	ENCE OF):	(J		24s. WAS AN AL PERFORM	JTOPSY ED2	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant (Cause of the Cause of the	dt conditions con	DUE TO (OR AS	A CONSEDU	ENCE OF):	e underlyln	J	n Part I.	24e. WAS AN AI PERFORM 1 YES 2	JTOPSY ED2	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injur) that initiated events resulting in death) LAST PART II. Other aignificant of the control of the c	ate G C. d. t conditions con	DUE TO (OR AS tributing to death	A CONSEDUI	ENCE OF): ENCE OF): ENCE OF):	e underlyin 26. Pi	g cause given in	n Part I.	24a. WAS AN AI PERFORMI 1 YES 2	JTOPSY ED2	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	d	DUE TO (OR AS tributing to death	but not res	ENCE OF): ENCE OF): ENCE OF): OT 00A 0T	26. P	g cause given in	n Part I.	24e. WAS AN AL PERFORMI 1 YES 2	UTOPSY EDD	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 10
If any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANAGER OF DEATH	d	DUE TO (OR AS tributing to death	but not res	ENCE OF): ENCE OF): ENCE OF):	26. Pi HER: 3 Nursing Hon 28c. IN. W.	g cause given in	n Part I.	24a. WAS AN AI PERFORMI 1 YES 2	UTOPSY EDD	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 10
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tach	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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23	Ξ
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached tilled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

31. DATE FILED (MONth, Day, Year)
MAY 3 1 1990

	FOR	STATE OF MARY! A	ND / DEPA	RTMEN	IT NE HI	FAITH AND I	MENTAL HVC	IENE	90	1478			
OR	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
						2. DATE OF DEAT	NTH DAY YEAR						
	4. SOCIAL SECURITY NUMBER	V 1	yrs. last birthday)	IF UNDE	ER 1 YEAR	IF UNDER 24 HRS.	7. DATE DE BIRTI	045 1	B. BIRTHP	LACE (State or Foreign			
	060-1416303	1 M 2 F 69 YRS. MONTHS			DAYS	NOURS MIN.	(Month, Day, Ye	-0	Country)				
	11-1 01 10-1 11-1 11				ry, town bi altim	R LOCATION OF DE	ATH	9c. CO	UNTY OF DE	ATH			
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION								T	10d. INSIDE CITY			
DIRE	VA Prince	Prince William Trail				9/0	1 YES 2 NO						
	10e. STREET AND NUMBER					ZIP CODE		10g. Cl	TIZEN DF WI	HAT COUNTRY?			
ER.	18902 Fuller	- Heights	Rd			2217	1	(2.5				
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEMENT EVER IN U.S. ARMED FORCES? 1 X YES 2 ND IF YES, GIVE WAR DR DATES WWII			If yap, specify Cuban, Mexican, Puarto Rican, etc.) Black, White, e				- American Indian, White, etc.				
	3 Wildowed 4 Divorced	Korea, Vietna		'	_	ıban	r.		Specify	hite			
ED	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S			N	16b. KIND DI	BUSINESS/IN	DUSTRY				
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT	use retired.)	i or worning							
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	12 Clerk						,	ico Co		sary			
	17. FATHER'S NAME (First, Middle, Last)	:					ME (First, Middle, Mi		9				
	(Unobtainable) Mol	ına	T 405 MAN IN	0.400000	00.00		te Astne						
										2			
	Gail Liming 12550 Kempston Lane Woodbridge, Va. 22192 20a. METHOD OF DISPOSITION (Name of cometery, cremetery or 20c. LOCATION — City or Town, State												
	1 Name 2 Cremetton 3 Removal from State other (Specify) Dumfries Cemetery Triangle, Va.												
	21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Mountcastle Funeral Home 4143 Dale Blvd. Dale City, Va. 22193												
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cerdisc or reepiretory arrest, shock, or heart failure. List only one cause on each line.								Approximats interval Between Onset and Death				
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) B. ATEVA Pulmongry Embol Due TO (DR AS A CONSEQUENCE OF):						boli			Onset and Death			
		DUE TO (DR AS A	CONSEQUENCE	OF):	/								
TION	Sequentially list conditions, if eny, leading to immediate our TO (OR AS A CONSEQUENCE DF):												
S	CAUSE (Disease or Injury												
E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST								İ				
CE	d												
AL	PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part 1. 24a. WAS AN AUTOPSY PERFORMED? AMILABLE PRIOR TO								AVAILABLE PRIOR TO				
Dig	16						1 PY	ES 2 ND	OF DEATH?				
M									1 YES 2 ND				
AN	25. WAS CASE REFERRED TO MEDICAL												
BY PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL:		ОТНЕ	ER:	ACE OF DEATH (Ch							
HYS	27. MANNER OF DEATH	Transfer of the state of the st						6 Other (Specify) 28d, DESCRIBE HDW INJURY OCCURED					
	1 Netural 5 Pending (Month, Day, Year) INJURY WORK												
	2 Accident investigation					281. LOCATION (S City or Town,	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL	4 Homicide determined												
MPL	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
00	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
	29b. SIGNATURE AND TITLE OF CENTIFIER	1	- 0			29c. LICENSE NUI	WBER	29d. D/		(Month, Day, Year)			
	30 NAME AND ADDRESS DE PERSON WHO	every 1	コリ						5/20	0110			

Honewood

32. REGISTRAR'S SIGNATURE

Hosp

South

Bulto MD212

permit. Pages 1, 2, 3 should

BE

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within Amounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	d within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE H	TO THE FL	be filed wi	IMPORTA

90 14786 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH MONTH 5 YEAR Audrey Gay Maul 30 90 2PM 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS 1 - M 2XXF 10-26-04 West Virginia 214-22-0716 85 YRS. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR N/A Baltimore 408 W. 23rd St. RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY XX YES 2 NO N/A Baltimore Maryland FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 408 W. 23rd St 21211 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried Specify White Wildowed 4 Divorced BY ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION ecify only highest grade comple 186. KIND OF BUSINESS/INDUSTRY (Spi Elementary/Secondary (0-12) College (1-4 or 5+) COMPL N/A Homemaker 8 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Orville Dodd Maude Gower BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 408 W. 23rd St. Baltimore, Maryland 21211 Geraldine C. Balzano 20s. METHOD OF DISPOSITION

YS Buriet 2 ☐ Cremation 3 ☐ Temoval from State
4 ☐ Donation S ☐ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Sunset Cemetery Clarksburg, W. Va. OF FUNERAL SERVICE-LIPENSE 22. NAME AND ADDRESS OF FACILITY Dennis Stephen Xenalis Mitchell-Wiedefeld Home 6500 York Road 21212 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate intervai Between ahock, or heert fallure. List only one cause on each line. Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) WK meummia DUE TO (OR AS A CONSEQUENCE OF): month CERTIFICATION Sequentielly liet conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING COPD CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

Thank only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) end manner as stated.

2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

12. REGISTBAR'S SIGNATURE

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an

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

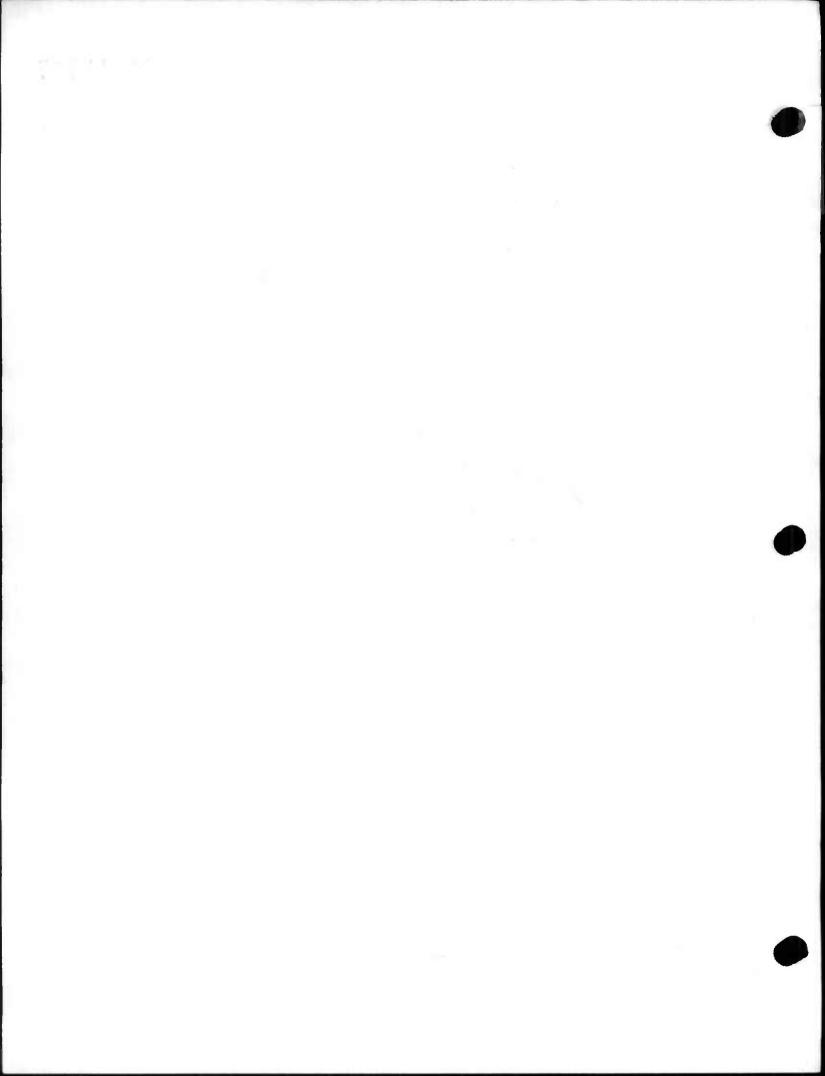
29b. SIGNATURE AND TITLE OF CERTIFIER

29d. DATE SIGNED (Month, Day, Year)

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21203-3146	spital or attending physician. hed for use as the burial-transit permit. Pages 1, 2, 3 shoul
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	1 - FOR STATE OF MARYLAND / DEPARTM CERTIFIC	IENT OF HEALTH AND MI	ENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Lest) M. FLORIANA MUND	Y	2. DATE OF DEATN	3. TIME OF DEATN					
	Str. Floriana M. Mundy		MONTH DAY	90 8:25 PM					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF B							
	195-42-7242 1 M 2 W 7 8 / YRS.	THE DAYS HOURS MIN.	(Month, Day, Year) 8 126/0	2 Country) c. COUNTY OF DEATN					
OR		Towson	14 8	Balto:					
DIRECTOR	RESIDENCE OF DECEDENT	OWN OR LOCATION		10d. INSIDE CITY					
E		25- 36 23-280		LIMITS?					
	10s. STREET AND NUMBER	LIOF, ZIP COOE	T 10	Og. CITIZEN OF WHAT COUNTRY?					
RA	2. 20 V 1. P.1	21201	.,	44 4 1					
FUNERAL	11, MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF NISPANIO	ORIGIN? (Specify Ves or	No. 14, RACE — American Indian,					
	1 → Never Merried 2 Merried FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexicen, 1 YES 2 NO Specify:		Black, White, atc. Specify:					
BY	3 Wildowed 4 Divorced	TES Z KNO Specify.		White					
COMPLETED	15. DECEDENT'S EDUCATION 16e. DECEDENT'S USU (Specify only highest grade completed) (Give kind of work	JAL OCCUPATION done during most of working	166, KIND OF BUSINE	SINESS/INOUSTRY					
<u> </u>	Elementary/Secondary (0-12) College (1-4 or 5 +)	fired.)							
MP.	12 4 Teacher		Element	ary School					
8	17. FATHER'S NAME (First, Middle, Last)	The second secon	E (First, Middle, Maiden Sun	name)					
BE	James Andrew Mundy		nes Timlin						
2	The second secon	DRESS (Street end Number or Rural Ro							
		dy of Angels Co	7						
	1 57 Buriel 2 Cremetion 3 Removal from State Other place	ON (Name of cometery, crematory or Angels Cemeter	1	Aston. Pa.					
	21. SIGNATURE OF FUNERAL SHITNICE LICENSEE	22. NAME AND ADDRESS OF FACI	LITY						
	· East of laves	Ruck Towson 1050 York Rd.							
	23. PART I. Enter the diseases, of complications the caused the death. Do not								
	ahock, or haart failuge. List only one souse on each line.			Intarval Between Onset and Death					
_	disease or condition MIACODE (File)								
1	resulting in death) s. Due TO (OR AS A CONSCOUENCE OF):	1101111	((())	*					
z	ASCVD								
2	Sequentially list conditions, If any, leading to immediate								
CA	CAUSE (Disease or Injury C. SEPSIS								
느	that initiated events DUE TO (OR AS A CONSEQUENCE OF):		1-110						
CERTIFICATION	resulting In death) LAST d. DIRBETES	WELL	-1105						
	PART II. Other algorificant conditions contributing to death but not resulting in t	ha underlying cause given in P	Part I. 24a. WAS AN AU						
2		COMPLETION OF CAUSE							
			1 G YES 2 G	OF DEATH?					
2			_	107					
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATN (Chec	ck anly one)						
Sic		THER: Nursing Home 5 Residence 6	Other (Specify)						
Ť	27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) INJURY	F 28c. INJURY AT WORK?	28d. DEŞCRIBE HOW INJU	IRY OCCURED					
BY	1 Netural 5 Pending 2 Accident Investigation	M 1 YES 2 NO							
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, stre building, etc. (Specify)	et, factory, office	281. LOCATION (Street and City or Town, State)	Number or Rural Route Number,					
	4 Homicide determined								
4	29s. CERTIFIER (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated.								
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, end due to the cause(e) and manner as stated.								
BE C	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)								
TO B		D120	1001	02-76-401					
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr			41 01004					
	Lilia Ceballos, M.D., St. Joseph Hospital - Osler Dr., Towson, Md. 21204								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 34. Lauden Roules								



TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22—rivurs after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
BOX 13146,	ificate be executed with physician and complement prior to burial, crefer traumatic ever
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	es that the death certi gned by the attending salth and Mental Hygie sany Injury, or oth
VITAL REC	ICIAN: The law require certificate has been sight. The State Dept. of He or Item 23 show
IVISION OF	OR ATTENDING PHYS DIRECTOR: After this cours after death with tem 28 is marked.
0	TO THE HOSPITAL ITO THE FUNERAL C be filed within 72 h

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF H		IENTAL HYGI REG.					
,	1. DECEOENT'S NAME (First, Middle, Last)				I	2. DATE OF DEAT			3. TIME OF	DEATH	
	ROSE	Α.	MAR ³	TIN		монтн 5	27	90	3:10	РМ	
ì	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yes		8. BIRT	HPLACE (State	or Foreign	
	218-46-2042 9e. FACILITY NAME (If not institution, give at		91 YRS.	MONTHS DAYS	PR LOCATION OF DEA	April 1,	1899		aryland	db	
œ							1				
읝	3807 E. Northe	III Palkway		l Bo	altimore		1				
DIRECTOR	10a. STATE 10b. COUNTY	1	10c. Cl	TY, TOWN OR LOCAT	TION				10d. INSIDE	CITY	
	Maryland			Baltimore City			1 X YES 2 NO				
₹∥	MAN SEE MAN SEE							WHAT COUNTI	RY7		
FUNERAL	3807 E. Northern				21206			U.S			
5	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 V NO		ENDENT OF HISPANI ecity Cuben, Maxican			Blac	E — American ck, White, etc.		
à l	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES'	1 TYES	2 NO Specify:			Spe	ony: Whit	te	
	15, DECEOENT'S EDUC	CATION	16a. DECEDENT'S	S USUAL OCCUPATION	ON .	16b. KIND OF	BUSINESS/INI	DUSTRY			
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of life. Do NOT	work done during mouse retired.)	ast of working	CHAIN CO.					
립	6 vr's		Homem	aker							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		75/0		18. MOTHER'S NAM	NE (First, Middle, Ma	iden Sumeme)	on Sumeme)			
BE C	James	Casci	0		Joseph	ine		Mar	iana		
10 B	19e. INFORMANT'S NAME (Type/Print)	Chrystal	19b. MAILIN	O ADDRESS (Street a	and Number or Rural R	oute Number, City o	r Town, State, Zi	(p Code)			
F	Mrs. Frances dil	.orenzo	Sam	e as #10							
	20e. METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Ram	oval from State	other place)				c. LOCATION —				
	1 N Buriel 2 Cremation 3 Ram 4 Donation 8 Other (Specify)			Valley			Timoniu				
	21. SIGNATURE OF FUNERAL SERVICE LIC	Paul L. Ha	artsock, Jr	22. NAME A	ND ADDRESS OF FAC	Bal.	timore	,Md.	2121	4	
	Haul Loke	toock >		Leo	nard J. R	Ruck, ,I	nc: 53	305	Harfor	d Rd.	
	23. PART I. Enter the diseases, or complications that capted the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one dause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Arteriosclerotic cardiovascular disease OUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if sny, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
AL (Ib. WERE AUTO				
걸						YES 2 NO COMPLETION OF CAS					
PHYSICIAN: MEDIC					Inquiry				1 TYES	2 🗌 NO	
ä	Inqui					Hurry					
S	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:										
YSI	1)X YES 2 NO	1 Inpatient 2 ER/O		4 - Nursing Hor	ne 5 🔀 Realdence						
H	27. MANNER OF OEATH	28e. DATE OF INJUR (Month, Day, Year	(Y 28b. T	NJURY W	JURY AT ORK?	28d. DEŞCRIBE I	IOW INJURY O	CCURED			
B	2 Accident Investigation	2 PECTORIA									
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
ᇤ											
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.										
흥	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner as stated										
BE (2914 SIGNATURE AND TITLE OF CERTIFIE	7/10 /	1		29c. LICENSE NUN		29d. DA	29d. DATE SIGNED (Month, Day, Year)			
2	SO NAME AND STREETS OF RESCON WIND COUNTY STEP CAUSE OF MATH (STEP						-				
	Mario F. Golle, Jr., M.D. 111 Penn Street Baltimore, MD 21201										
	31. DATE-FILED (Month, Day, Year)		MATURES	TIT Peni	Street	Ba.	Itimore	e, M	D 2120	1	
	31. DATE FILED Glorith, Day, Mary Sun San Agent HARS STANDARD STAN										

DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

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5	CIAN:	
Ö	PHYS	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death,	
2	DR	

	1. DECEDENT'S NAME (First, Middle							2. DATE MONTI		AY Y	EAR 3.	TIME OF DEATH	
-	Prederick N							5	20				
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yr	s. lest birthday)	IF UNDER	1 YEAR	HOURS MIN.		OF BIRTH		BIRTHPLA Country)	NCE (State or Foreign	
	215-12-4352	1 € M 2 □ F	67	YRS.		Unio	noons wii.	2/	26/23	3	Ň	a .	
	9e. FACILITY NAME (If not institution	n, give street and number)			9b. CITY,	TOWN	OR LOCATION OF	DEATH		9c. COUNTY	OF DEAT	Н	
DIRECTOR	Church Hosp	ital			Ва	1ti	imore C	lity					
5		COUNTY		40a CIT	Y, TOWN O						L	d. INSIDE CITY	
#	rid.	COUNTY					City					LIMITS?	
				Da	TUTH	_						YES 2 NO	
3	100. STREET AND NUMBER	A				10	21224					T COUNTRY?	
											S.A.		
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Marrie	12. WAS DECEDE FORCES?	1 YES 2 WAR OR DATES	S. ARMED			CENDENT OF HISP pecify Cuben, Maxi			s or No— 14	Black, W	American Indian, hite, atc.	
	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATE	S.	1	☐ YES	S 2 NO Spe	cify:			Specify:	Cauc.	
	16 DECEDEN	T'S EDUCATION		. DECEDENT'S	LIGHAL OF	NA IDATI	ON	105	KIND OF BU	SINESS/INDUS			
-	(Specify only high	est grade completed)		(Give kind of life. Do NOT u	work done o	luring m	os) of working	100	. KIND OF BU	SINESS/INDUS	UST		
	Elementary/Secondary (0-12)	College (1-4 or 1				- 1				C 7/1	4		
COMPLEIED	Unk.	Unk.		Maint	. Te	cn.				of Ac	<u> </u>		
3	17. FATHER'S NAME (First, Middle,	·					18. MOTHER'S	•		Sumame)			
N N	Samuel Wass							Wac					
5	19a. INFORMANT'S NAME (Type/Pr						and Number or Run					4001	
-	Marie Wassn	er					Ave.						
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3	Removal from State	20b. PL	LACE OF DISPO her place)	SITION (Na.	me of ce	emetery, cremetory o	r	20c. LC	CATION - Cit	y or Town,	State	
	4 Donation 5 Other (Spec	**	_	0ak	Lawn	Ce	emetery	r		timor			
	21. SIGNATURE OF FUNERAL SE	VIGITUDENSEE	/	00	22.	NAME A	ND ADDRESS OF	FACILITY	281	8 E. B	altin	nore St.	
	(29	VITU.	-4.1	est.	В.	Dа	browski	& Sor	Bal	timore	, Md	. 21224	
ATION	Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING	b		ONSEQUENCE O			arcin		0				
			O (OR AS A CO	ONSEQUENCE C	P:							1	
ERITH	CAUSE (Disesse or Injury that initiated events resulting in deeth) LAST	d.											
	that initiated events resulting in deeth) LAST	d	to death but	not resulting		derivi	ng cause given	in Part i.	24a, WAS A	N AUTOPSY	24b. W	ERE AUTOPSY FIND	
MEDICAL	that initiated events	d	to death but	not resulting		ideriyii	ng csuse given	in Part i.	24a. WAS AI PERFO 1 YES	RMED?	CO	MILABLE PRIOR TO DMPLETION DF CAU F DEATH?	
: MEDICAL	that initiated events resulting in deeth) LAST	d	to death but	not resulting					PERFO	RMED?	CO	OMPLETION OF CAU	
: MEDICAL	PART II. Other algnificant of the state of t	d			In the un	26. (PLACE OF DEATH	(Check only a	PERFO 1 YES	RMED?	CO	MILABLE PRIOR TO OMPLETION DF CAU F DEATH?	
SICIAN: MEDICAL	PART II. Other algnificant of the state of t	d	2 □ ER/Outpatio	ent 3 DOA	OTHE	26. F R: alng Ho	PLACE OF DEATH	(Check only o	PERFO 1 YES ne) r (Specify)	PRMED? 2 PNO	1	MILABLE PRIOR TO DMPLETION DF CAU F DEATH?	
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D BY PHYSICIAN: MEDICAL	PART II. Other algnificant control of the second of the se	DICAL HOSPITAL: 1 inpatient 28s. DATE (Month in not be	E ER/Outpett	ent 3 DOA 29b. Til	OTHE	26. F R: sing Ho 28c. IN W	PLACE OF DEATH me 5 Resident LJURY AT ORK? YES 2 NO	(Check only o	PERFO 1 YES 1 YES 10 YES 10 YES 10 YES	RMED? 2 PNO INJURY OCCU	All CC OI 1	MALABLE PRIOR TO DMPLETION DF CAU F DEATH? YES 2 NO	
TED BY PHYSICIAN: MEDICAL	that initiated events resulting in deeth) LAST PART II. Other algnificant or 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend Invest 2 Accident Invest 3 Suicide 5 Coyle destard	DICAL HOSPITAL: 1 Inpatient 2 259. DATE (Month) 10geligation 28e, PLACE	E ER/Outpetti OF INJURY , Day, 'bar) E OF INJURY —	ent 3 DOA 29b. Til	OTHE	26. F R: sing Ho 28c. IN W	PLACE OF DEATH me 5 Resident LJURY AT ORK? YES 2 NO	(Check only o	PERFO 1 VES 1 (Specify) SCRIBE HOW	RMED? 2 PNO INJURY OCCU	All CC OI 1	MALABLE PRIOR TO MPLETION DF CAU	
TED BY PHYSICIAN: MEDICAL	that initiated events resulting in deeth) LAST PART II. Other algnificant or part in the second of	DICAL HOSPITAL: 1 inpatient 28s. DATE (Month in not be	R ☐ ER/Outpath OF INJURY , Day, Year) E OF INJURY — rig, etc. (Specify) of my knowled	ent 3 DOA 28b. Til IN At home, farm,	OTHEL 4 Nur ME OF JURY M street, fact	26. Final Property of the Control of	PLACE OF DEATH: me 5 Resident IJURY AT ORK? YES 2 NO	(Check only a cos 6 Oth 28d, DE 28d, DE 28f, LOCh)	PERFO 1 VES PERFO 1 Specify) SCRIBE HOW CATION (Street or Town, State use(s) and me	INJURY OCCU	RED Rural Rou	MALABLE PRIOR TO MPLETION DF CAU F DEATH? YES 2 NO	
COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in deeth) LAST PART II. Other algnificant or part in the second of	DICAL HOSPITAL: 1 Inpatient 2 259. DATE (Month ing ing ing ing ing ing ing ing ing ing	R ☐ ER/Outpath OF INJURY , Day, Year) E OF INJURY — rig, etc. (Specify) of my knowled	ent 3 DOA 28b. Til IN At home, farm,	OTHEL 4 Nur ME OF JURY M street, fact	26. Final Property of the Control of	PLACE OF DEATH: me 5 Resident IJURY AT ORK? YES 2 NO	(Check only of the ce & G Other Chy of the ce & G Othe	PERFO 1 VES PERFO 1 Specify) SCRIBE HOW CATION (Street or Town, State use(s) and me	INJURY OCCU and Number or s)	RED Rural Rouse(a) a	MALABLE PRIOR TO MPLETION DF CAU F DEATH? YES 2 NO	
BE COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in deeth) LAST PART II. Other algnificant or examiner? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend Invest 3 Suicide 5 Could deter 29. CERTIFIER (Check only one) 2 MEDICAL	DICAL HOSPITAL: 1 Inpatient 2 259. DATE (Month ing ing ing ing ing ing ing ing ing ing	R ☐ ER/Outpath OF INJURY , Day, Year) E OF INJURY — rig, etc. (Specify) of my knowled	ent 3 DOA 28b. Til IN At home, farm,	OTHEL 4 Nur ME OF JURY M street, fact	26. Final Property of the Control of	PLACE OF DEATH me 5 Resident iJURY AT ORK? VES 2 NO ice te and place, and death occured at 29c. LICENSE	(Check only of the State of the California of th	PERFO 1 VES PERFO 1 Specify) SCRIBE HOW CATION (Street or Town, State use(s) and me	INJURY OCCU and Number or s)	RED Rural Rouse(a) a	MALABLE PRIOR TO MPLETION DF CAU F DEATH? YES 2 NO to Number,	
BE COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in deeth) LAST PART II. Other algnificant or examiner? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pend Invest 3 Suicide 5 Could deter 29. CERTIFIER (Check only one) 2 MEDICAL	d	E DEN/Outpatin OF INJURY Day, Year) E OF INJURY g, etc. (Specify) of my knowled at examination se	ant 3 DOA 29b. Til IN At home, farm, ge, death occur nd/or investigat	OTHEL 4 Nur ME OF JURY M street, fect	26. Final Property of the Control of	PLACE OF DEATH me 5 Resident iJURY AT ORK? VES 2 NO ice te and place, and death occured at 29c. LICENSE	(Check only of the ce & G Other Chy of the ce & G Othe	PERFO 1 VES PERFO 1 Specify) SCRIBE HOW CATION (Street or Town, State use(s) and me	INJURY OCCU and Number or s)	RED Rural Rouse(a) a	MALABLE PRIOR TO DMPLETION DF CAL F DEATH? YES 2 NO to Number,	
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	that initiated events resulting in deeth) LAST PART II. Other algnificant or service to the ser	DICAL HOSPITAL: 1 Inpatient 2 28a. DATE (Month ing ligation I not be buildir EXAMINER: On the basis of the ba	E DEN/Outpatin OF INJURY Day, Year) E OF INJURY g, etc. (Specify) of my knowled at examination se	ant 3 DOA 28b. Till IN At home, farm, ge, death occur nd/or investigat H (ITEM 27) (Typ)	OTHEL 4 Nur ME OF JURY M street, fect	28. In the state of the state o	PLACE OF DEATH me 5 Resident iJURY AT ORK? VES 2 NO ice te and place, and death occured at 29c. LICENSE	(Check only of the Color of the time, date of the Color of the time, date of the tim	PERFO 1 VES Per (Specify) SCRIBE HOW CATION (Street or Town, State use(e) and me a and piece, a	INJURY OCCU	RED RED Cause(s) s Signed (M	MALABLE PRIOR TO DMPLETION OF CAI F DEATH? YES 2 NO te Number,	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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BALTIMORE, MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the biospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	OINIE OI I	MANTLAND /				DEATH	WERTA	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, La	st)							OF DEATH			3. TIME OF DEATH
	GWENDO	DLYN OLIVE	R					MONT MA	XY 24 1		YEAR	3:40 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER I		IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTHP	LACE (State or Foreign
	078-56-3009	1 🗌 M 2 😾 F	29	YRS.	MONTHS	DAYS	HOURS MIN.		. 28 19	60	,,	EW YORK
	9e. FACILITY NAME (If not Institution, give	e street end number)			9b. CITY, T	O NWO	R LOCATION OF DE				NTY OF DE	
8	NATIONAL NAVAL	MEDICAL C	ENTER			BE	THESDA			МО	NTGON	1ERY
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COU			40 - 007	v Touri on		041					10d. INSIDE CITY
뿔				10c. CI1	Y, TOWN OR							LIMITS?
	VIRGINIA 100. STREET AND NUMBER	PRINCE WI	LLIAM		QUA	NTI	ZIP CODE			ton CITI		1 YES 2 X NO
RA		1.D				101.						
FUNERAL	QTRS 382.		IT EVER IN U.S. AR	MED	13 W	AS OFCI	22134 ENDENT OF HISPAN		N? (Spacify Yea			STATES Indian
	1 Never Merried 2 X Merried	FORCES?	MAR OR DATES		11	yee, epe	cify Cuben, Mexices 2 NO Specify	n, Puerto				
₩	3 Widowed 4 Divorced	ir res, dive	MAN ON DATES			163	Z X NO Specify	,.			BLACK	
COMPLETED	15. DECEDENT'S E (Specify only highest gr				USUAL OCC			188	. KIND OF BUS	INESS/INC	USTRY	
	Elementery/Secondary (0-12)	College (1-4 or 5	Alter .	Do NOT u	se retired.)	mig mod	a or worning					
M M	10			HOU	SEWIF	Έ			HOM			
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First,	Middle, Malden	Sumeme)		
BE	CORNELL CU	JNN INGHAM							ERTRUDE			
2	190. INFORMANT'S NAME (Type/Print) JIMMIE L. OLIVI	7D	196				MCCDC,				,	
	200. METHOD OF DISPOSITION	EK .	DOL DI ACE	<u> </u>		_	netery, crematory or	QUE			City or Tow	
	1 X Burlel 2 - Cremetion 3 - R	emoval from State	other ple	ice)	EMETE:		netery, crematory or				- 0 211	m, state
	4 Donetion 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE	LICENSEE	_ AID.	EN C			D ADDRESS OF FA	CILITY	A	YDEN	, NC	
	h n	pt.1	1	7			itol Fun			ce		
-	Danie	XXX	auer	D			ls Churc					
	23. PART i. Enter the diseeses, shock, or heert feliu				not enter t	he mo	de of dying, suc	h as cer	diec or respi	ratory ar	rest,	Approximete interval Between
	iMMEDIATE CAUSE (Finel disease or condition											Onset end Deeth
	resulting in deeth)		IRED IMM			LEN	CY SYNDR	ROME				
_		_	(011 /10 /1 0011020		• ,•							İ
<u>ō</u>	Sequentially list conditione, if any, leeding to immediate	b. OUE TO	OR AS A CONSEC	UENCE O	F):	-						
CAI	ceuse. Enter UNDERLYING CAUSE (Diseese or Injury	C										
E	that initiated events	DUE TO	OR AS A CONSEC	DUENCE C	F):							
CERTIFICATION	resulting in deeth) LAST	d										
	PART II. Other significent condi	tions contributing to	deeth but not r	esuiting	in the und	ieriying	ceuse given in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS
CA									PERFOR			AVAILABLE PRIOR TO COMPLETION DF CAUSE
									1	2 N 110		OF DEATH? 1 YES 2 NO
2												
A	25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF DEATH (Ch	eck only o	one)			
SIC	EXAMINER? 1 TYES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER		e 5 🗆 Residence	6 🗆 Oth	er (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28e. DATE O (Month,	F INJURY Day, Year)	26b, TII	AE OF	28c. INJ WO	URY AT	28d. OE	SCRIBE HOW I	NJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident	- 1			М		rES 2 NO					
	3 Suicide 8 Could not	be building	OF INJURY — At ho i, etc. (Specify)	me, farm,	atreet, facto	ry, office			CATION (Street of yor Town, State)		r or Rural R	oute Number,
ETE		0										
COMPLETED		HYSICIAN: To the beat of										
S	one) 2 MEDICAL EXAM	MINER: On the besie of	examination end/or	Investigati	on, in my op	dnion, d	eeth occured at the	time, dat	te end plece, en	nd due 10 1	he ceuse(s)	end menner ee stated.
BE (296 SIGNATORE AND TITLE OF CERT	FUEN 1	1.0				29c. LICENSE NUI	MBER		29d. DA1	E SIGNED	(Month, Day, Year)
TO B	John DIIlal	one /	10.				35-04-3			> 2	-41	107 70
-	M NAME AND ADDRESS OF PERSON	WHO COMPLETED CA	USE OF DEATH (ITE	M 27) (Typ	e, Print)		NATIONA					NTER
	JOHN D. MALONE						BETHESE	A, I	MD 2081	4–50	11	
	ST. DANS (MONTH) Day 199	Great Auris	AR'S SIGNATURE	100								

Y 1 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-cours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	(Month, Day, Year) 08-01-89 EATN 9c. COUN	3. TIME OF DEATN 9 () M 8. BIRTNPLACE (State or Foreign Country) M D
4. SOCIAL SECURITY NUMBER 2 1 4 - 2 5 - 6 1 0 1 1	7. DATE OF BIRTN (Month, Day, Year) 08-01-89 EATN 9c. COUNT	B. BIRTNPLACE (State or Foreign
214-25-6101 1 M 2	(Month, Day, Year) 08-01-89 EATN 9c. COUNT	Country
98. FACILITY NAME (If not institution, give street and number) UNION MEMORIAL HOSPITAL PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE C. ITY, TOWN OR LOCATION BALTIMORE, CITY	EATN 9c. COUN	110
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE, CITY		TY OF DEATN
100. STREET AND NUMBER 101. ZIP CODE 2.1.2.0.1		10d. INSIDE CITY LIMITS? 1 YES 2 NO
## JZO E. NUKIH AVL ZIZUZ		EN OF WHAT COUNTRY?
10. STREET AND NUMBER 5 2 8 E . NORTH AVE 11. MARITAL STATUS 1 Never Married 2 Married 1 Married 3 Widowed 4 Divorced 1 Never Married 2 Married 1 Widowed 4 Divorced 1 Never Married 2 Never Married 2 Never Married 1	in, Puarto Rican, etc.)	14. RACE — American Indian, Black, Whita, atc. Specify: BLACK
	18b. KIND OF BUSINESS/INOL	JSTRY
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) CHILD 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) CHILD 17. FATNER'S NAME (First, Middle, List) 18. MOTHER'S NAME A L VIII		
17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NA	AME (First, Middle, Malden Surname)	
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural		Code)
	AVE/ BALTIMOR	
20g. METNOD OF DISPOSITION 1 0 Burlal 2 Cremation 3 Removal from Stata 4 Donation 5 Other (Specify)		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FA		INC , III
blake Warred WM. C. MARCE	H F.H. 1101 E	E. NORTH AVE.
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such shock, or heart failure. List only one cause on each line.	h se cardiac or respiratory arro	est, Approximate Interval Between Onset and Daath
immediate cause (Final disease or condition resulting in death) a. ACUTE ASPRATION PROMONIA DUE TO (OR AS A CONSEQUENCE OF):		1-20MS
The second secon		5 MONTHS
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury that initiated events resulting in deeth) LAST b. SCIENT CASTROSPHOSEN POWER OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.		3 MUNIT
cause. Enter Underlying		10 Mars
CAUSE (Disease Dr injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):		
resulting in deeth) LAST		
		24b. WERE AUTOPSY FINDINGS
PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in TRANSUCCIONAL OF CHROMOSOMES 2 1 5 5 5 0000	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
		OF DEATH?
	_	A STATE OF THE STA
25. WAS CASE REFERREO TO MEDICAL 26. PLACE OF DEATH (CI	heck only one)	
OTHER:	8 Other (Specify)	
7 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence	28d. DESCRIBE NOW INJURY OCC	CURED
1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Netural 5 Pending 1 Netural 5 Pending 1 Netural 5 Pending 1 Netural 5 Pending 1 Netural 5 Pending 1 Netural 5 Pending 1 Netural 5 Pending 1 Netural 5 Pending 1 Netural 5 Pending 1 Netural 5 Pending 1 Netural 1 Ne		
2 Accident Investigation 28s. PLACE OF INJURY — At home farm, street factory office.	281, LOCATION (Street and Number City or Town, State)	or Rural Route Number,
2 Accident Investigation 28s. PLACE OF INJURY — At home farm, street factory office.	City or lown, State)	od.
2 _ Accident 3 _ Suicide 4 _ Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 29e. CERTIFIER (Check only one) 2	City or lown, State)	od.
29a. CERTIFIER (Check only one) 29b. SIGNATURE AND TIDE OF CERTIFIES 29c. Accident investigation 3 Suicide 4 Homicide detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 29e. CERTIFIER (Check only one) 29b. SIGNATURE AND TIDE OF CERTIFIES 29c. LICENSE NU	a to the cause(a) and manner as state the cause(a) and place, and due to the	od.
2 Accident 3 Suicide 4 Homicide 5 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and du one) 20e. SIGNATIBE AND THE CERTIFIES OF The best of my knowledge, death occurred at the time, data and place, and du one)	a to the cause(a) and manner as state the cause(a) and place, and due to the	ed. c csuce(a) and menner so stated. E SIGNED (Month, Day, Year)

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1		FOR STATE REGISTR	AR
I	1. 0	ECEOENT'S	NA

1 - STATE REGISTRAR	,	JINIE OI I	C		CATE			REC	3. NO.			
1. OECEOENT'S NAME (First, M	liddle, Last)							2 DATE OF DE	ATM		3. TIME OF DEATH	
KAZIME	RAS R	UDIS						05/	18790	YEAR	4:00 AM M	
4. SOCIAL SECURITY NUMBER		SEX	8. AGE (In yrs. I	nst hirthday)	IF UNDER 1 Y	FAR IS	UNDER 24 HRS.	7. DATE OF BIR		A BIRTI	HPLACE (State or Foreign	
219-38-9807		▼ M 2 □ F	100	YRS.	-	-	URS MIN.	(Month Day,	79/89	Count	THUANIA	
Se. FACILITY NAME (If not instit		A.	100		01 01711 71							
		,					CATION OF DE	EATH		OUNTY OF E		
FOREST HAVEN		G HOME			CAI	ONSV	TLLL		B	ALTIM	ORE	
RESIDENCE OF DECE	Ob. COUNTY			I soo CITT	Y, TOWN OR	OCATION					10d. INSIDE CITY	
MD.	BALTIM	OPF		- 1	CONSVI						LIMITS?	
	DILLIT			GA	LONSVI						1 TES 2 NO	
10e. STREET AND NUMBER	D A 17D					10f. ZIP			109.		WHAT COUNTRY?	
315 INGLESID	C AVC.					41	1228			US	OA .	
11. MARITAL STATUS		WAS DECEDEN	YT EVER IN U.S. A	RMED				NIC ORIGIN? (Spen, Puerto Rican, e		r No — t4. RACE — American Indian, Black, White, etc.		
1 Never Merried 2 Mills Widowed 4 Divorce			MAR OR DATES]0	1 [YES 2	NO Specifi		rius	Specify: WHITE		
										1	WUTIE	
	ENT'S EDUCATION STATE OF THE PROPERTY OF THE P			Give kind of v	USUAL OCCI	UPATION ing most of	working	t6b. KIND	OF BUSINESS	INDUSTRY		
Elementary/Secondary (0-1)	2) C	ollege (1-4 or 5	+) /	le. Do NOT us								
3rd grad	e			BARBE	ER							
17. FATHER'S NAME (First, Mide	fle, Lest)					18.	MOTHER'S NA	ME (First, Middle,	Meiden Sumem	•)		
							ELTZAF	BETH RUI	OTS			
19s. INFORMANT'S NAME (Typ	e/Print)		1	19b. MAILING	ADDRESS (S	Street and N		Route Number, City		ete, Zip Code)		
OLGA AUSTIN	(3	ula da asas N		7203	Johnn	vcake	Rd	Baltimo	ore. Mo	1. 2.	1228	
20e. METHOD OF DISPOSITIO		thier)	20h Pl AC				y, crematory or		20c. LOCATION			
1 🗆 Burial 2 🗀 Cremation	3 🗌 Removal	from State		place)	or trott (rromo	or connecting	, orannatory or		EGG. EGGATTON	- Only or I	own, out	
4 Donation 5 Other (S		er.			T aa NA	ME AND A	DDRESS OF FA	OHITY				
	11	1111										
1 Jana	(cl // l	11/11	h 5.	20.90	ST.	ATE A	ANATOMY	BOARD,	BALTO)., MI	21201	
23. PART I. Enter the dis-	eases, or com	plicetions the	et ceused the	death. Do r	not enter th	e mode d	of dying, suc	h es cardisc o	r respiratory	arrest,	Approximate	
		only one ce	use on each li	ne.			~				Onset and Death	
IMMEDIATE CAUSE (Fine disease or condition		Enin	3	AGE	1	LOA	PT	DISE.	ALE			
resulting in death)	8	DUETO	OR AS A CONS	7-16		/C/	/ -	1130.	7,30			
		502 10	/ (on As A conc	ECOLITOR O								
Sequentially list condition	ns, b	DUE TO	OR AS A CONS	EQUENCE O	FI-							
if any, isading to immedicause. Enter UNDERLYIN			(011 / 0 / 0 0 / 0	LOOLINGE O	, ,.						į	
CAUSE (Disease or Injury		DUE TO	OR AS A CONS	EQUENCE O	P.							
thet initiated events resulting in death) LAST			(011 /10 /1 00110	20021102 01	,,.						İ	
	d											
PART II. Other significant	conditions c	ontributing/to	deeth but no	t resulting	iq the unde	erlying cs	use given in		WAS AN AUTOP	SY 24	b. WERE AUTOPSY FINDINGS	
COMPL	ETE	1	TEAR	7 /-	Loc	ck	Char		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
		1 1	11	225	7			1 0	YES 2 NO	·	OF DEATH?	
Secon	VDITE:		TIE	1-1XI	ال	SEF	36	_			1 YES 2 NO	
N												
25. WAS CASE REFERRED TO EXAMINER?		OSPITAL:			ОТНЕМ:	26. PLACE	OF DEATH (C)	neck only one)				
1 VES 2 NO			☐ ER/Outpatient	3 DOA	4 Nursin	g Home 6	☐ Residence	6 Other (Spec	effy)			
27. MANNER OF DEATH		28e. DATE O (Month,	F INJURY Day, Year)	28b. TIM	E OF 2	8c. INJURY WORK?	AT	28d. DESCRIBE	HOW INJURY	OCCURED		
1 Natural 5 P	ending vestigation	11 01			М		2 NO					
0 0 0 114	ould not be	28e. PLACE	OF INJURY - At	home, farm,	street, factor	y, office		261. LOCATION		mber or Rural	Route Number,	
	termined	Donaing	, att. (opecity)					City or Town	n, State)			
29s. CERTIFIER	VINO BUVEIOU	N. To the head	1 1 1	4 - 4								
one)								to the cause(e)				
2 MEDIC		ni the pests of	wastimation end/	or investigation	on, in my opi	mon, death	occured at the	time, date end p	ince, and due	to the ceuse	(e) and manner es stated.	
296. SIGNATURE AND TITLE C	F CERTIFIER	1				29-	c. LICENSE NU	MBER	29d.	DATE SIGNE	O (Month, Day, Year)	
Lasueer	n X	aleli	ani				D 283	295		51	22/90	
30. NAME AND ADDRESS OF	PERSON WHO C	OMPLETED CA	USE OF DEATH (I		, Print)	2 4		0	-	-	1	
	/											
TASNEEM	LAK	HANK	1722	o PAI	ek -	Her	CITHIS	AVE	, BA	2001	MD 21208	

3146, BALTIMORE, MARYLAND 21203-3146

counted within after death. Page 6 may be retained by the hospital or attending physician.

ind completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach as and within 72 hours after death with the State Derf. or Health and Mental Hotelete prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1. DECEOENT'S NAME (First, Middle, Leat)

2. DATE OF DEATH
MONTH
DAY
05/30/90

4. SOCIAL SECURITY NUMBER
5. SEX
6. AGE (In yrs. least birthday) | FUNDER 1 YEAR IF UNDER 24 INS. | T. DATE OF BIRTH. | T. DATE OF BIRTH. | T. DATE OF BIRTH. | MONTH, DRY WORLD | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | DATE | D

1000 DV		· ·	3 11				2. DATE	TH DEATH	AY	YEAR	TIME OF OEATH
777	JOSE	PH K	cocko	nber	ROD	ENBERG		/30/90			12-34 H
SOCIAL SECURITY NUMB	BER		E (in yrs. lesi		FUNDER 1 YEAR	-	7. DATE (Mont	OF BIRTH		6. BIRTHPL Country)	.ACE (State or Foreign
216 34 672	7	1 🔀 M 2 🗆 F	52	YRS.	MINS DAYS	HOURS MIN.		3-38		MD.	
a. FACILITY NAME (If not in:	stitution, give str	eet and number)		90	b. CITY, TOWN	OR LOCATION OF E	EATH		9c. COUN	TY OF DEA	тн
Loch Raven	VA Med	<u>lical Cente</u>	r		BALTI	MORE			BA	LTIM	ORE
De. STATE	10b. COUNTY			10c. CITY, T	TOWN OR LOC	ATION				1	Od. INSIDE CITY LIMITS?
Md.				Balt	timore					1	YES 2 NO
. STREET AND NUMBER					1	Ot. ZIP CODE			10g. CITIZ	ZEN OF WH	AT COUNTRY?
7203 Wood	lrow A	ve.				21224				USA	1
. MARITAL STATUS		12. WAS DECEDENT EVER			13. WAS DE	ECENDENT OF HISPA	NIC ORIGI	N? (Specify Yes	or No-	14. RACE -	- American Indien, White, atc.
Never Merried 2 ☐ Widowed 4 ☐ Divo		FORCES? 1 , YE	DATES	.0		S 2 NO Spec		mount, etc.)		Specify:	
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	Y highest grade of		(G/	CEDENT'S US ve kind of work Do NOT use re	WAL OCCUPAT k done during r	TION nost of working	168	b. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0	⊢12)	College (1-4 or 5+)	270.	DO NOT USE IS	omou./			G 73.113			
. FATHER'S NAME (First, M.	# 1 # 1 · · · ·							GENE		MOT'C	ORS
		~				18. MOTHER'S N			Surname)		
JACOB ROD		.G				JULI					
e. INFORMANT'B NAME (7)			198			t and Number or Rura				,	
SCOTT ROD		T				ROW AVE		_	_		
Da. METHOD OF DISPOSITI	on 3 🗆 Remo	vel from State	20b. PLACE other pla	OF DISPOSITI	ION (Name of c	semetery, cremetory or		20c. LO	CATION	City or Town	n, State
Donation 8 □ Other		G	ARRI	SON I		T V.A.		OW	INGS	MII	LS, MD.
. SIGNATURE OF FUNERA	IL SERVICE LICE	7700				AND ADDRESS OF F					
1 Jenis	LX.	or anshi			CVA	CH/ROSE	DALE	FUNE	RAL	HOME	21237
3. PART I. Enter the di	Iseasea, or/c	omplications that cause	sed the de	ath. Do not	anter the n	node of dying, au	ch as car	diac or reap	ratory arr	est,	Approximate
ahock, or h	iaart falluhé. L	Liat only one cause on	aach lina								Interval Betwee
MMEDIATE CAUSE (Findisease or condition	101	(somet	as E	17-11	LE	illure					2 4 45
esulting in death)	~ .	DUE TO (OR A	S A CONSEC	DUENCE OF):	7 16	LIIUI					7413
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f any, leading to imme ause. Enter UNDERLY! AUSE (Disease or Inju	diate ING	DUE TO (OR A)	S A CONSEC	DUENCE OF):							
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is any, leading to immeause. Enter UNDERLYI AUSE (Disease or Injunest initiated events esulting in death) LAS CART II, Other algnifications. S. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO. 7. MANNER OF DEATH	ant conditions	DUE TO (OR A	but not r	esulting in	26.	PLACE OF DEATH (Come 8 ☐ Recidence	heck only o	PERFOI	NO NO	1	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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1 VES 2 NO 7. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 9e. CERTIFIER (Check only)	TO MEDICAL Pending Investigation Could not be determined TIFYING PHYSIC PICAL EXAMINER	DUE TO (OR AL. B. CONTRIBUTING to death HOSPITAL: Inpatient 2 = ER/O 28a. DATE OF INJUF (Month, Day, Vea 28a. PLACE OF INJUR building, etc. (S	but not r butpatient 3 ty r/ JRY — At ho	DOA 4 28b. TIME C INJUR	26. DTHER: Nursing Holy F 28c. I	PLACE OF DEATH (Come 8 Reeldence NJURY AT WORK? YES 2 NO flice	Check only o	PERFOIL 1 YES : 1 Y	INJURY OCC	or Rural Roo	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES NO
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or life 123 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SCNATIFRED

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND EATE OF DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)		-		2. DATE OF DEATH	MY Y	3. TIME OF DEATH
1 8	WARREN	REED					90 10:00a.m.
	4. SOCIAL SECURITY NUMBER	1 01	4	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	/ 8.	BIRTHPLACE (State or Foreign Country)
	214-58-53441	12M2 0 F 38	YRS.		J St 26-5	1 8	2. Times-e
Or.	9a. FACILITY NAME (If not institution, give stre		94	L CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH
DIRECTOR	JOHNS HOPKINS	HOSPITAL		BALTIMORE CIT	TY	BALT	IMORE CITY
) E	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY
	Ma.		Dr.	1 Timber 2			1 YES 2 NO
¥	10s. STREET AND NUMBER	W AV2		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	3612 Munay					4.	S.A
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT EVER IN 1	2 NO	13. WAS DECENDENT OF HISP If yes, specify Cyban, Mexic		s or No— 14.	RACE — American Indian, Black, White, atc.
B≺	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	res	1 TYES 2 NO Spec	elfy:		Specify: BKOK
8	15. OECEOENT'S EDUCA (Specify only highest grade of	ATION	18a. DECEDENT'S US		16b. KIND OF BU	ISINESS/INDUST	TRY
H	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	done during most of working stired.)			
COMPLET			H440				
	17. FATHER'S NAME (First, Middle, Last)	Reed		18. MOTHER'S N	IAME (First, Middle, Maider	Surname)	^
BE	19g. INFORMANT'S NAME (Type/Print)	18FO	Top Man No ac	DRESS (Street and Number or Burn	I Roule Number, City or Tox	3020	
2	Billia Rued		2/2/2	MA be it	1/2 P	1 /	2 111
	20s. METHOD OF DISPOSITION			ON (Name of cometery, crematory of	20c. L0	DOMINION - City	or Town, State
	1 Burial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	val from State	other place	isun Forest (envitory.	Mary	and
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		22. NAME AND ADDRESS OF	ACILITY 1712	W: 16	The and 21217
	I know (a.	11		-laun Co.	11 6	118 10/	15-10
	23. PART I. Enter the diseases, or co	omplications that caused	the death On and			VE IZ	TICINO
i I	about on bood fallows 1	Int a decision that coursed	the deeth. Do not	enter the mode of dying, su	ich se cardiac or resp	piratory arrest	
	shock, or heart fellure. L IMMEDIATE CAUSE (Final	list Dnly one ceuse on eed	ch line.			piratory arrest	Approximate intervel Between Onset and Death
	shock, or heart fellure. L	Ist Drily one couse on eer	stis Caru			's Car	intervel Between
	shock, or heert fellure. L IMMEDIATE CAUSE (Final disease or condition	Preumo Ly. DUE TO (OR AS A C	stis Caru consequence of):	viii Meumania		's Sar	intervel Between
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

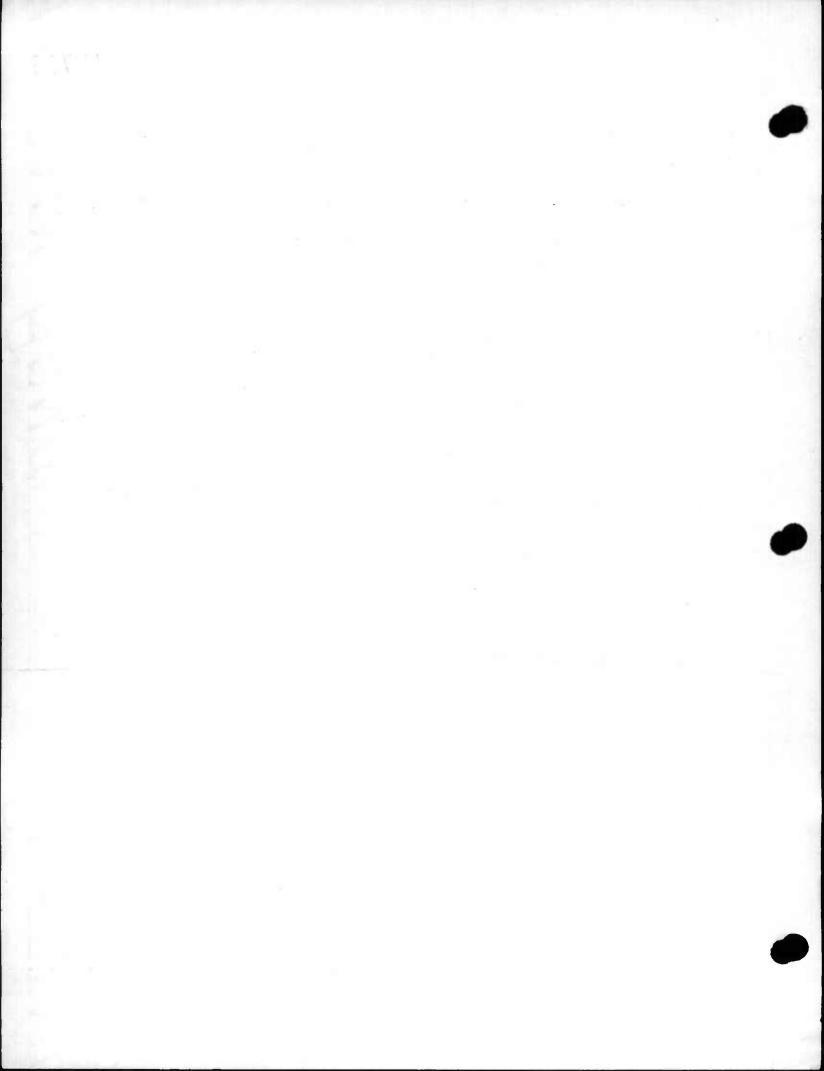
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE UF MA				DEATH		TUIENI EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	EATH DA		YEAR	3. TIME OF OEATH
	BERNICE	= MIL	DRED	511	MON	2 1	MAY	26	19	90	4:41M
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last birthde	y) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	IRTH Vaerl		8. BIRTH Countr	PLACE (State or Foreign
	218-48-1925	1 🗆 M 2 💢 F	GlypyAS	MONT	THE DAYS	HOURS MIN.	3/2	9/	29	o o o o o o o o o o o o o o o o o o o	"VA.
	9a. FACILITY NAME (If not institution, give st	reet and number)			CITY, TOWN C	R LOCATION OF DE	-		9c, COU	NTY OF D	EATH
8	ST. AGNES H	OSPITAL		E	BALTI	MORE, C	ITY				
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,	100	CITY TO	WN OR LOCAT	ION					10d, INSIDE CITY
2	MD IOE COOKY					E. CITY					LIMITS?
	10s. STREET AND NUMBER					, ZIP CODE		_	10n. CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	598 YALE AVE.	Act.	A			1229				ISA	
2	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMEO		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Sp	ecify Yea	or No—	14. RACE	— American Indian,
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 YNO		If yes, sp	2 NO Specify	n, Puarto Rican,			Black	K, Witter, atc.
	15. DECEDENT'S EDUI (Specify only highest grade	CATION	16a. DECEDEN	T'S USU/	AL OCCUPATION	ON et of working	18b. KINI	OF BUS	SINESS/IN	DUSTRY	
<u> </u>	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	T use retir	red.)						
MPI	12th GRADE		F 0 0	טו צ	SERVI						
COMPLETED	17. FATHER'S NAME (First, Middle, Last) WEBSTER DREW					18. MOTHER'S NAI			Sumame) AYLC) R	
BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADD	RESS (Street a	nd Number or Rural F	Route Number, Ci	ity or Town	n, State, Zh	p Code)	
2	BYRD SIMMONS		598			AVE./					9
	20a. METHOD OF DISPOSITION	· · · · · · · · · · · · · · · · · · ·	20b. PLACE OF DIS							City or To	
	1 1 Naurial 2 □ Cremation 3 □ Rame 4 □ Denation 5 □ Other (Specify)	oval from State	K I'N'G'eceMI	EMOF	RIAL	PARK		R	AND	ALLS	TOWN, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME A	O ADDRESS OF FA	CILITY				
	D 4000	100			WM.C	. MARCH	F.H.	11	01	E. N	ORTH AVE
	23. PART I. Enter the diseases, of c	complications that	caused the death. D	o not e	inter the mo	de of dyling, sucl	h aa cardiac	or respi	iratory er	rest,	Approximata
	ahock, or heart failure. IMMEDIATE CAUSE (Finel	List only one caus	e on each line.								Interval Between Onset and Death
	disease or condition	To	TONIO	01	×)	11/2 M	n vvl	1			1.2.
	resulting in death)	DUE TO (C	OR AS A CONSEQUENCE	E OF):	-116		- , , , , ,	J			M Jenes
z		b	BRACONSEQUENCE OR AS A CONSEQUENCE	57	EM	HEMO	TVLA	50	· é		
2	Sequentially list conditions, if any, leeding to immediate	DUE TO (C	OR AS A CONSEQUENC	E OF):			_				
2	CAUSE (Disease or Injury	С	EXTENDR AS A CONSEQUENCE	15171	て 、7	IN VEN	TRITI	-45	+		
E	that initieted events resulting in death) LAST	OUE 10 (0	OR AS A CONSEQUENC	E OF):		p Her					
CERTIFICATION		d	2201	PUME	ALMO	b Her	TOLYD	36			<u> </u>
1	PART II. Other algnificent condition	s contributing to d	leeth but not resulti	ng in th	e underlyin	g cause given in	Part i. 24a	. WAS AN	AUTOPSY	248	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
JICAL	HY	PERTE	NSism				15	YES 2			COMPLETION OF CAUSE OF DEATH?
MEC		_						(1 TYES 2 NO
ä											
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NOSPITAL:		1 ~	26. P	LACE OF DEATH (Ch	eck only one)				
YSI	1 🗆 YES 2 📉 NO		ER/Outpatient 3 DO			ne 5 🗆 Rasidence	8 - Other (Sp	eclfy)			
PH	27. MANNER OF DEATH 1. Natural 5 Pending	28a. DATE OF II (Month, Day		TIME OF	W	JURY AT DRIC?	28d. DESCRIE	BE HOW I	INJURY O	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF building, e	INJURY — At home, fa tc. (Specify)	rm, street	t, lactory, offic	in .	281. LOCATIO City or To			er or Humi	Route Number,
	29a. CERTIFIER	CIAN: To the heat of a	ny knowledge, deeth oc		10 - 11 4-0						
COMPLETED	cond. Orny										a) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R				29c, LICENSE NUI	MBER		29d, DA	TE SIGNE) (Month, Day, Year)
8	/ 19len	^							P /	Yay	26/1990.
10	30. NAME AND ADDRESS OF PERSON WI	O COMPLETEO CAUSI	FOR DEATH (ITEM 27) (Type, Prin	10	-11-				7	-,
	31. OATE FILED (Month, Day, Year)	A 32 HEGISTHAT	S SIGNATURE	، د	1-3/1	1710					
	MAY 28901998	O THOMASS.									

	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 hours after death. Page 6 may be retained by the hospital or attending physician.	
MATCH AND TO BE MATCH. CO SECOND SILVEN OF SHEET WORLD WASHING THE STATE OF THE SECOND OF THE SECOND SILVEN OF THE		TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be retained by the hospital or attending physician.

	1 - STATE REGISTRAR	STATE OF I		/ DEPAR					MENTAL	HYGIEN REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Last)									F DEATH		3	. TIME OF DEA	TH
	MARTHA	LEE,	S	NIPE					MAT		1990	EAR 1	1.25	D M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER		IF UNDER		7. DATE C	F BIRTH		BIRTHPL	ACE (State or f	oreign
	249-46-0071	1 🗆 M 2 🙀 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	12-	24-25	5	Country)	S.C	
	9e. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNT	OF DEA	тн		
O.	MARYLAND GENER	AL HOSE	TTAI.		BAT.	TIMO	RE (TTY	,	BALTIMORE				
<u></u> 등	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY			Inc CIT	TY. TOWN OR LOCATION								od. INSIDE CIT	v
DIRECTOR	MD				LTIMORE, CITY							,	YES 2	
FUNERAL	100. STREET AND NUMBER 5509 LOTHIAN	RD.			101. ZIP CODE 2 1 2 1 2					USA				
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Marriad 1 PROPERTY 1 YES 2 NO								NIC ORIGIN	(Specify Yes	or No- 14		- American Ind White, etc.	lan,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced		WAR OR DATES				2 X NO			cam, etc.)			BLACK	
	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)		DECEDENT'S	work done			na	16b.	KIND OF BU	SINESS/INDUS	TRY		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) Stn GRADE College (1-4 or 5 +) BALTIMORE CITY SCHOOL SYSTEM													
	17. FATHER'S NAME (First, Middle, Lest) JUDGE TERRELL 18. MOTHER'S NAME (First, Middle, Malden Surname) I NEZ FRAZIER													
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stree, Zip Code)							ode)				
5	BRENDA HOWELL 729 BEAVERBROOK RD./ BALTIMÓRE, M									MD 21	212			
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Remo	oval from State	20b. PLAC	DAR H	SITION (NO		metery, crer				CATION — CH NE AR			, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME A	NO ADDRE	SS OF FA	CILITY					
	> Gladus	Wa	nen)	W	M.C	. MA	ARCH	F.H	. 11	01 E.	NO	RTH A	VE
	23. PART I. Enter the diseases, or o	omplications the	t caused the	deeth. DD	not enter	the mo	de of dy	ing, suc	h as card	ac Dr reap	iratory arres	it,	Approxim	
	ahock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel Interval Between Onset and Death													
	discess pr condition resulting in death) a. LEIOMYOSARCOMA													
	DUE TO (OR AS A CONSEQUENCE OF):													
S	Sequentially list conditions, b. WITH LUNG METASTASIS Due to (on as a consequence of):													
CERTIFICATION	cause Enter UNDERLYING	If any, leading to immediate												
임	CAUSE (Disease or Injury that Initiated events	PNEUMO DUE TO	OR AS A CON	SEQUENCE O	F):								1	
E	resulting in death) LAST													
8		1.											+	
AL	PART II. Other significent condition	a contributing to	death but no	t resulting	In the u	nderlyln	g cause	given in	Part I.	24a. WAS AN PERFOR			VERE AUTOPSY	
8			<u> </u>							1 YES 2	. □ NO	C	OMPLETION OF OF DEATH?	
ME												1	☐ YES 2 ☐	NO
PHYSICIAN: MEDIC														
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Ch	eck only one)				
YSI	1 YES TONO	Impatient 2	ER/Outpatient	3 🗆 DOA			6 8 🗆 R	esidenca	8 🗆 Other	(Specify)				
PH	27. MANNER OF DEATH 12€€Natural 8 ☐ Pending	28a. DATE OI (Month, I		28b. TIR	JURY		PRK?		28d. DE\$	CRIBE HOW	NJURY OCCU	RED		
ВУ	2 Accident Investigation						YES 2 [ND						
03	3 Suicide 6 Could not be 4 Homicide determined	building	of INJURY At etc. (Specify)	home, farm,	street, fac	tory, offic	•			TION (Street r Town, State)	end Number or	Rural Roc	ute Number,	
	29a. CERTIFIER		S1(-10)										_	
COMPLETED	(Check only												and manner :	ed ed e et
8	2 MEDICAL EXAMINE		THE PART OF STREET	. arrosingati	ort at trill	opnimoni, C				mu piace, ar				
BE	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LIC	ENSE NUI	MOER		29d. DATE S	SIGNED (A	Month, Day, Year	
2	II NOMENTAL HAS IN THE PROPERTY OF THE PROPERT									O				

c/o MARYLAND GENERAL HOSPITAL



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four data. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

30. NAME AND ADDRESS OF PERSON

PAUL BEPEZ

MAY 3 1 100 3

Berez

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI			F HEALTH			YGIENE		9	0 1475
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEATH
	Emily 50	searman					MONTH	28	G	VEAR	625 Am
	4. SOCIAL SECURITY NUMBER		. last birthday)				7. DATE OF BIRTH			s. BIRTH	PLACE (State or Foreign
	255.20.7985	1 🗆 M 2 🖸 🗸	YRS.	MONTHS D	AYS HOURS	MIN.	(Month, De	19-9	0	Country	"Georgia
OR	9a. FACILITY NAME (If not institution, give s	street and number)		96. CITY, TOWN OR LOCATION OF DEATH ANYCLPO \\S AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA						EATH	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	v	10c CIT	10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY
DIRECTOR		e Arundel		Annapolis						- 1	LIMITS? 1-YES 2 NO
-	10e. STREET AND NUMBER	ie Alundel		T. C. L	10f. ZIP COD	DE			10g. CITIZ	EN OF W	HAT COUNTRY?
FUNERAL	1321 Sycamore	Avenue			214	103			Ţ	JSA	
S	11. MARITAL STATUS	ARMED		S DECENDENT				or No-		- American Indian,	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	⊠ио	H y	es, specify Cub YES 2 NO	an, Maxican Specify:		uarto Rican, etc.) Black, Specify			White, etc. 9: Black	
G	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						16b. KIP	D OF BUS	INESS/IND	JSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		kind of work done during most of working o NOT use retired.)							
MP		4 years	Reti	red					Sov.		
8	17. FATHER'S NAME (First, Middle, Last) John Roberts				AE (First, Midd						
B	John Roberts Melissa Adrine 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code)										
2					camore			uny or rown			lis,Md.
	James Spearm	20b. PL	ACE OF DISPO	SITION (Name	of cametany cra	matory or	enue	20c. LOC	ATION — C	-	
	20s. METHOD OF DISPOSITION 12 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State oth	Glenw	rood	Cemete	ery					
	21. SIGNATURE OF FUHERAL SERVICE LI			22. NA	ME AND ADDRE	ESS OF FAC					
	Jaken To	Tewart	TIL		tewart						
	23. PART I. Enter the diseases, Dr	complications that caused the	deeth. Do	npt enter th	n mode of de	onnii vina. auch	ng Ro	Dr reapir	atory arm	eat.	Approximata
	ahock, or heart failure. List only one cause on each lina.									interval Between Onset and Death	
	diseese or condition	itty	tre cancer, metast							9 mg	
	resulting in death) a. Due to (or as a consequence of):								1,0		
z	Sequentially, list conditions C.b.										
CERTIFICATION	Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate										
2	CAUSE, Disease or injury DUE TO (OR AS A CONSEQUENCE OF):										
Ë	that initiated eventa resulting in death) LAST	DOE TO (OR AS A CO	NSEGUENCE U	r-):							
S		d									_
AL	PART II. Other aignificant condition	na contributing to death but n	ot resulting	in the unde	riying ceuse	given in I	Part I. 24	a. WAS AN		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC							_ 1	TYES 2	NO		OF DEATH?
M							_				1 TYES 2 NO
PHYSICIAN:											
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF	DEATH (Che	eck only one)				
YS	1 YES NO	1 Inpatient 2 ER/Outpatie	_		g Home 5 🗆 F	Rasidence					
	Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR	JURY M	Ic. INJURY AT WORK?	_ wo	28d. DESCR	IBE HOW IP	AJURY OCC	URED	
ВУ	Accident Investigation 3 Suicide Could not be	280. PLACE OF INJURY /	At home, farm,	street, factor			281, LOCATION (Street and Number or Rural Route Number,				
ED I	4 Homicide 8 Could not be	building, atc. (Specify)						own, State)			
COMPLETED	29e. CERTIFIER CERTIFYING PHYS	SICIAN: To the best of my knowledge	e, death occur	red at the time	a, date and place	e, and due	to the caused	a) and men	nor as state	ed.	
JME	(Check only one) 2 MEDICAL EXAMINER; On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) end manner as stated. (Check only one) 2 MEDICAL EXAMINER; On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
	29b. SIGNATURE AND TITLE OF CENTRU	m			29c. LIC	CENSE NUM	IBER		29d. DATE	SIGNED	(Month, Day, Year)
) BE	10				0	299	771		> 5	5/2	9/90
9	30 NAME AND ADDRESS OF DEDSON W	NO COMPLETED CALIFE OF DEATH	OTEM AD CT.	04-4						-	/

of DEATH (ITEM 27) (Type, Pylin)

6

TET III no

TO BE COMPLETED BY FUNERAL DIRECTOR

1	STATE REGISTRAR	STATE OF I		CERTIF					IEN IAL	REG. NO.	E .				
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	Y	YEAR		E OF OEATH	
	Charles			Sz	ila	gy i			5-	28 - 90°			9:	05PM	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. last birthday)		DER 1 YEAR	IF UNDER		7. DATE (OF BIRTH , Day, Year)		8. BIRTH Countr	PLACE	State or Foreig	n
1	141-32-6037	1X M 2 F	60	YRS.	MONTH	S DAYS	HOURS	MIN.		. 12,	1929		nga	ry	
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. C	CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						EATH			
	University Hosp	ital		Baltimore Cit				Cit	У						
	RESIDENCE OF DECEDENT													disc.	
	10a. STATE 10b. COUNTY	A.A.		10c. CIT	Y, TOW	C 1 on	Burnie						MITS? X		
	Mu	Δ.Δ.											1 YES 2 NO		
	100. STREET AND NUMBER 801 Stewart	Ave.		10f. ZIP CODE 21061							10g. CITE		A.	OUNTRY?	
м	11. MARITAL STATUS	12. WAS DECEDEN				13. WAS DECI	ENOENT O	F HISPAN	IC ORIGIN	? (Specify Yes Rican, atc.)	or No-	14. RACE	E — Ame	erican Indian, , atc.	
13	1 XNever Married 2 Married	MAR OR DATES				2 NO			tican, atc.)	1		"y: ite			
ı	3 Widowed 4 Divorced		- 63		1_							Wh	iite		
	15. DECEDENT'S EDUC (Specify only highest grade	16a	. DECEDENT'S	USUAL	OCCUPATIO	N at of workin	a	16b.	KIND OF BUS	SINESS/IND	USTRY				
-	Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	ise retire	d.)	OL OF WORKE	я							
	12	6		lectri	Lca1	Engi	neer			Hi-	-Teck				
1	17. FATHER'S NAME (First, Middle, Last)	6 Electrical Engineer Hi-Teck													
	I _{stban}	C 1	agvi				Tr'	2700	bet		To	itel			
-	+SEDAN 19a, INFORMANT'S NAME (Type/Print)	5Z11	ar VI	19b. MAILING	G AODB	ESS (Street =									
											67				
-	Erno Balogh						estn		CATION -			do.			
Ш	20a. METHOD OF DISPOSITION 1 □ Burial 2 ♣ Cremation 3 □ Rame	oth	PLACE OF DISPOSITION (Name of cemetery, crematory or other place)												
- 11-	4 □ Donation 6 □ Other (Specify) Sedurity Process Ind. Catons v								vil	e M	ld.				
	21. SIGNATURE OF FUNERAL SERVICE, LC	ENGLE			- 1										
	> Din V Hun	11/2				Charlt	on F	.H.	2007	East	ern A	ve.	Ba 1	to. Mo	d.
	ahock, or haert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	condition Abdominal injuries with complications													
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.														
	PART II. Other algorificant condition	not reaulting	in the	underlyin	g cause	given in	Part I.	24a. WAS AMPERFO	RMED?	24	COMP OF DE	AUTOPSY FINE ABLE PRIOR TO LETION OF CAL EATH? YES 2 NO) USE		
										<u> </u>					_
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТ	26. P	LACE OF E	EATH (C)	eck only o	ne)					_
	XXXES 2 NO	1 Inpatient 2	(M) Outpatte	HIT 3 DOA		Nursing Hon	ne 5 🗆 R	asidenca	-						_
	27. MANNER OF DEATH	28a. DATE O (Month,		26b. TI	ME OF		JURY AT			SCRIBE HOW			, .		
	1 Natural 5 Pending Investigation	4-28-	904/22	2/90		M 1 🗆	YES 2	₩0	Driv	er in	moto	r ve	enic	cle aco	Cl
	3 Suicide 6 Could not be		OF INJURY -	At home, farm	, atreet,	factory, offic	ca		26f. LO	CATION (Street or Town, State	and Numbe	r or Rural	Route N	lumber,	
	4 Homicide determined	ounding	building, atc. (Specify) Road									.Ln.	/Ho	llins	Fε
	29e. CERTIFIER (Check only 1 CERTIFYING PHYS	IOLANI, T. at.											Cou	ity MD	_
	(Check only 1 CERTIFYING PHYS One)											itou.			
5	29b. SIGNATURE AND TITLE OF CERTIFIE	F CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 5-29-90													
	30. NAME AND ADDRESS OF PERSON WE Margarita A. Ko	orell,MD	USE OF DEATH	1 (ITEM 27) (Ty)	pe, Print;	111	Penn	Stre	eet,	Baltim	ore,N	ID 2:	1201	L	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within second and lead of the completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

Areas in resort of

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RECORDS, P.O. BOX 13146,	certificate
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<u> </u>	CICIAN.
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DIVISION OF VITAL	The CO ATTENDING DUVELDIAM. The law remittee that the death certificate he executed within
5	00
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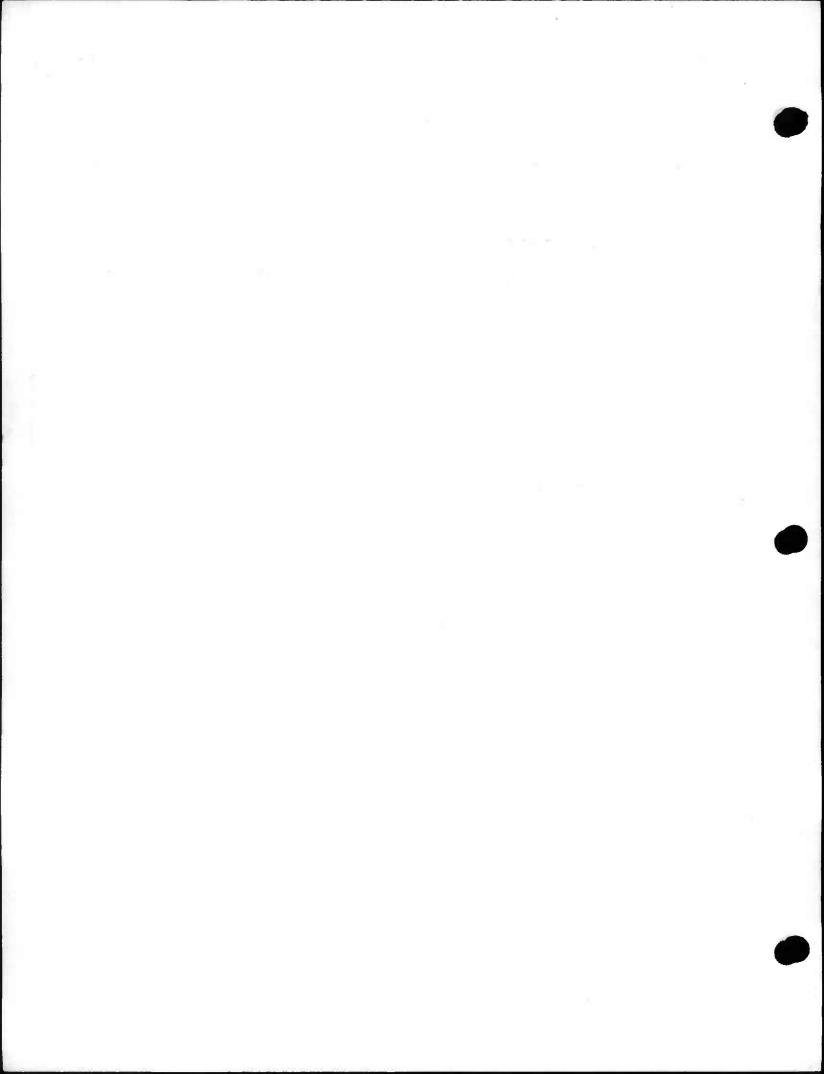
1	as a	should	
BALTIMORE, MARYLAND 21203-3146	24 nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPARTM CERTIFICA			ENTAL HYGIENI REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	IVAN				2. DATE OF DEATH	Y YEAR	3. TIME OF DEATH			
	00/110 5-20			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dev. Year)	8. BIRTI	HPLACE (State or Foreign Iny)			
H.	AIT PACILITY NAME (If not institution, give street	and number)	96.	CITY, TOWN O	R LOCATION OF DEA		9c. COUNTY OF C				
CTC	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	110) 14	10c CITY TO	OWN OR LOCAT	ION E		Baltimo	10d. INSIDE CITY			
DIRECTOR	Ma Baltin	ore	Br	1/				LIMITS?			
FUNERAL	932 W. Com	bard St.		10f.	2122	3	10g. CITIZEN OF	WHAT COUNTRY?			
	11. MARITAL STATUS 12. 1 Never Merried 2 Merried	. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 240	If yes, spe	cify Cuben, Mexicen,	C ORIGIN? (Specify Yee Puerto Rican, etc.)		E - American Indien, ck, White, etc.			
D BY	3 Widowed 4 Divorced				Χ	Les your er eve	<u> </u>	White			
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12)	(Give kind of work done during most of work life. Do NOT use retired.) College (1-4 or 5 +)				16b. KIND OF BUS					
MPI	17. FATHER'S NAME (First, Middle, Last)		Housew	nie	16 MOTHER'S NAM	E (First, Middle, Maiden	wn Home				
2	Charles Frizen					therine	surreme)				
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADO	ORESS (Street a)	nd Number or Rural Ro	oute Number, City or Town	n, State, Zip Code)				
5	Leonard H. Sulliva		- 4			us, Maryl					
	20a. METHOD OF DISPOSITION 1	from State	PLACE OF DISPOSITION PROPERTY				altimore	own, State e, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME AN	D ADDRESS OF FACI						
	2/00	e - 0				Spring Roa					
	23. PART . Entar tha diseeses, or com ahock, or heart fallure. List			enter the mo	de of dying, auch	as cerdiac or respi	ratory erreat,	Approximata Interval Between			
-	MMEDIATE CAUSE (Finel disease or condition	BP.	10.00	0.	شال ما	11/2		Onset and Death			
	reaulting in death) a	OUE TO (OR AS A	ONSEQUENCE OF):	11/4	Zund			1-00			
_	Sequentielly list conditions, Due To (OR AS A CONSEQUENCE OF): J. W. Leading to Immediate										
o l		DUE TO OR AS A C	ONSEQUENCE OF):	1	54			1 mx			
CATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO OR AS A C	ONSEQUENCE OF):	1	Ed o	ma +	CHF	1 wx			
TIFICATION	If any, leading to immediate	DUE TO (OR AS A C	ONSEQUENCE OF):	wy	Ede	ma+	CHF	1 wx			
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO JOH AS A C	ONSEQUENCE OF	wy) wek			
SAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST				g causa givan in P	Part I. 24a. WAS AN PERFOR	AUTOPSY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE			
SAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CO			g causa givan in P	Part I. 24a. WAS AN	AUTOPSY 24	AVAILABLE PRIOR TO			
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST				g causa givan in P	Part I. 24a. WAS AN PERFOR	AUTOPSY 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificent conditions or POSCUBCE Security Securit	OSPITAL:	Mia -	cul	g causa givan in P	Part I. 24s, WAS AN PERFOR 1 YES 2	AUTOPSY 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificent conditions or POSCUBCE Security Securit	OSPITAL: Inputient 2 ER/Output	nia -	26. PL THER:	ace of OEATH (Chec	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificent conditions or cause of the conditions of the cause of the ca	OSPITAL:	fent 3 DOA 4	26. PL THER: Nursing Hom F 28c. INJ WO	ace of OEATH (Chec	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY 24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificent conditions or provided the conditions of the conditions of the cause of the conditions of the cause	OSPITAL: Inputient 2 ER/Output	fent 3 DOA 4 DOA 4 DOA A LONG TIME OF INJURY	28. PL THER: Nursing Hom F 28c. INJ WO 1 1	ACE OF OEATH (Chec	Part I. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY 24	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificent conditions or cause. The conditions of the conditions of the cause of th	OSPITAL: Inpatient 2 ER/Outpat 26e. OATE OF INJURY 26e. PLACE OF INJURY	fent 3 DOA 4 DOA 4 DOA 4 DOA 1	28. PL THER: Nursing Hom F M 1 No	ACE OF OEATH (Chec	Part I. 24a. WAS AN PERFOR 1 YES 2 Ck only one) G Other (Specify) 28d. OESCRIBE HOW II City or Town, State)	AUTOPSY 24I MED? 24I NO NO RUPED	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificent conditions or part of the conditions of	OSPITAL: Inpatient 2 ER/Output 28e. OATE OF INJURY - building, etc. (Specif) N: To the best of my knowled	dent 3 DOA 4 DOA 4 DOA A LOAD DOA A LOAD DOA A LOAD DOA A LOAD DOA A LOAD DOA DOA DOA DOA DOA DOA DOA DOA DOA	28. PL THER: Nursing Hom F	ACE OF OEATH (Chec	Part I. 24a. WAS AN PERFOR 1 VES 2 Ck only one) G Other (Specify) 26d. OESCRIBE HOW II City or Town, State) to the cause(s) end mer	AUTOPSY 24i MED? NO NJURY OCCURED	AWAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO Route Number,			
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificent conditions or cause of the conditions of the cause of the ca	OSPITAL: Inpatient 2 ER/Outpat 28e. OATE OF INJURY (Morth, Dey, Year) 28e. PLACE OF INJURY building, etc. (Specify) N: To the best of my knowled on the bests of examination of	fent 3 DOA 4 DOA 4 DOA 1	28. PL THER: Nursing Hom F 28c. INJ M 1 1 1 Nt, tectory, office	ACE OF OEATH (Chec. 5 G Residence 8 URY AT RICY VES 2 NO end place, end due to testh occurred at the to 29c. LICENSE NUMM	Part I. 24a, WAS AN PERFOR 1 YES 2 Ck only one) Ch Other (Specify) 28d. OESCRIBE HOW if City or Town, State) to the cause(s) end merime, date end place, ender	AUTOPSY MED? NO 24 NO	AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO Route Number, (e) end menner as stated.			
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificent conditions or cause of the conditions of the cause of the ca	OSPITAL: Inpatient 2 ER/Outpat 28e. OATE OF INJURY (Morth, Dey, Year) 28e. PLACE OF INJURY building, etc. (Specify) N: To the best of my knowled on the bests of examination of	fent 3 DOA 4 DOA 4 DOA 1	28. PL THER: Nursing Hom F 28c. INJ M 1 1 1 Nt, tectory, office	ACE OF OEATH (Chec. 5 G Residence 8 URY AT RICY VES 2 NO end place, end due to testh occurred at the to 29c. LICENSE NUMM	Part I. 24a, WAS AN PERFOR 1 YES 2 Ck only one) Ch Other (Specify) 28d. OESCRIBE HOW if City or Town, State) to the cause(s) end merime, date end place, ender	AUTOPSY MED? NO 24 NO	AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO Route Number, (e) end menner as stated.			
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificent conditions or cause of the conditions of the cause of the ca	OSPITAL: Inpatient 2 ER/Outpat 28e. OATE OF INJURY (Morth, Dey, Year) 28e. PLACE OF INJURY building, etc. (Specify) N: To the best of my knowled on the bests of examination of	fent 3 DOA 4 DOA 4 DOA 1	28. PL THER: Nursing Hom F 28c. INJ M 1 1 1 Nt, tectory, office	ACE OF OEATH (Chec. 5 G Residence 8 URY AT RICY VES 2 NO end place, end due to testh occurred at the to 29c. LICENSE NUMM	Part I. 24a, WAS AN PERFOR 1 YES 2 Ck only one) Ch Other (Specify) 28d. OESCRIBE HOW if City or Town, State) to the cause(s) end merime, date end place, ender	AUTOPSY MED? NO 24 NO	AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO Route Number,			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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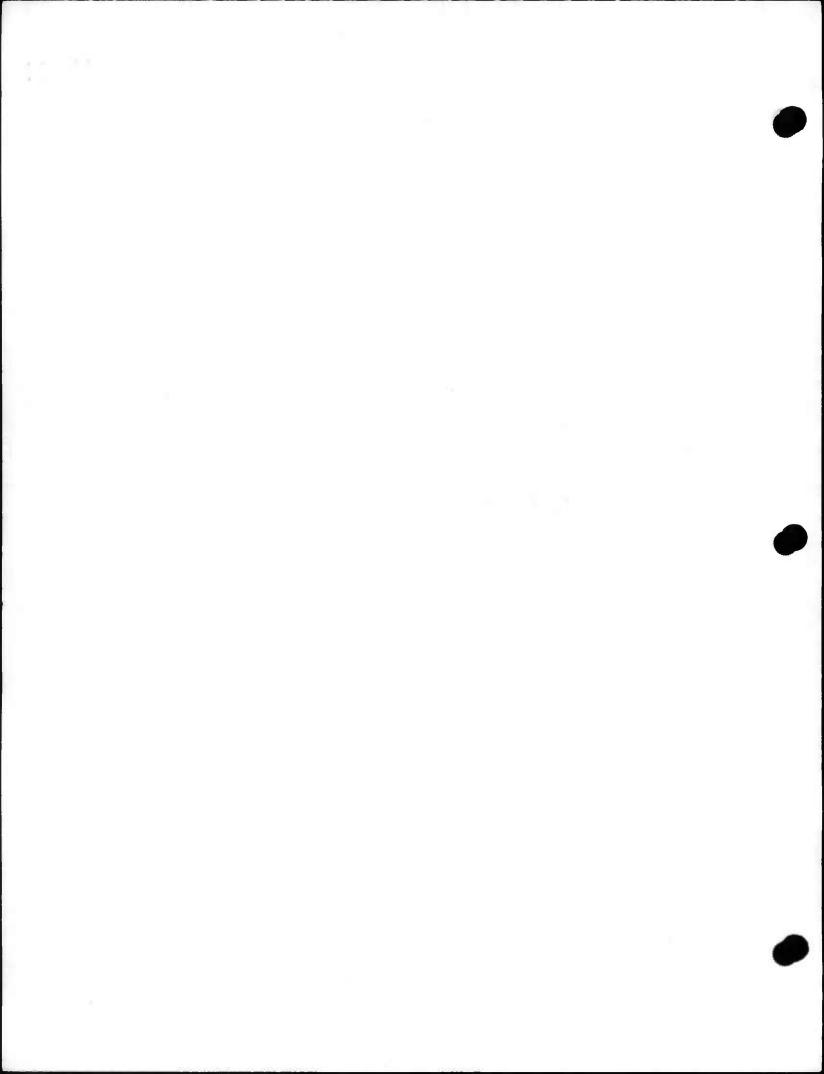
	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTA CERTIFIC			MENTAL HYG REG.					
	1. DECEDENT'S NAME (First, Middle, Last) CURTI	s STOU	AH Noble S	Stough		2. DATE OF DEAT		3. TIME OF DEATH			
İ	216-107690	8. SEX 8. AGE (In)	rs. lest birthday) YRS.	HTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI	7/03	BIRTHPLACE (State or Foreign Country)			
TOR	96. FACILITY NAME (If not institution, give stee Stoseth TOSEPH RESIDENCE OF DECEDENT	Hospit,	A6 "	-	W SO N	ATH /	Sc. COUNTY	CE MORB			
DIRECTOR	106. STATE 106. COUNTY	LEIMORE	10c. CITY, T	OWN OR LOCAT	IMUR	€ City		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER CRO	5 DON	Rd		2/2/	d	U.	OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 M NO IF YES, GIVE WAR OR DATES			ENDENT OF HISPAN Icity Cuban, Mexical 2 NO Specify	n, Puerto Rican, etc		14. RACE — American Indien, Black, White, etc. Specify: White			
COMPLETED	15. OECEDENT'S EOUCA (Specify only highest grade of Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	Give kind of work	done during mo etired.)			BUSINESS/INDUST	e Cream Co.			
COMP	12 Years 4 17. FATHER'S NAME (First, Middle, Last) Edward Noble Stou	Preside	ent		ME (First, Middle, M 211 Brow	siden Sumame)	e credii co.				
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							_{do)} 21204			
	20e METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remove 4 Donetton 5 Other (Specify)	rail from State	ther place) WOOdla	Wn Ceme	etery	20	e. Location — city Woodlawn	, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LICE		h.				ome, Inc				
	23. PART I. Enter the diseases, pr cp	mplications that caused to stonly one cause on eac									
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	ACUTE 1	NYOCAR	DIAL	INFA	RUTION	/	Onset and Death			
_	DUE TO (OR AS A CONSEQUENCE OF):										
5	Sequentially list conditions, If eny, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in deeth) LAST										
2	PART ii. Other significant conditions	contributing to deeth but	not resulting in	the underlyin	ceuse given in	Part i. 24a. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL	PNEUMON	IA				PE	ERFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
ä											
5		HOSPITAL:		THER:	ACE OF DEATH (Ch		:				
H	27. MANNER OF DEATH	1 Sinpatient 2 ER/Outpat	28b. TIME (OF 28c, INJ	e 5 Residence		OW INJURY OCCUF	RED			
	1 Natural 5 Pending	(Month, Day, Year)	INJUR		RK? res 2 NO						
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specify	At home, farm, stre	et, factory, offic		28f. LOCATION (S City or Town,	Street and Number or State)	Rural Route Number,			
COMPLETED	(Oriota diny	IAN: To the best of my knowled: On the basis of examination a						ause(s) and menner as stated.			
BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NUI			IGNED (Month, Day, Year)			
10 8	Francisco (D 3020	-3	Þ 5	-23-90			
۲	30. NAME AND ADDRESS OF PERSON WHO FRANCIS KHO		H (ITEM 27) (Type, P	HO.	SPITAL						
	31. OATE FILED (Month, Day, Year) MAY 3 1 1000 **	32. REGISTRAR'S SIGNAT	URE								



TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certific:	be filed within 72 hours after death with the St	IMPORTANT: It Item 28 is marked, or it

									90 1480	
	FOR STATE REGISTRAR	STATE OF MARYLAND /		TMENT OF			HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	MARY M.		CLAFAN:		2. DATE OF MONTH	2	8 9	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 220-01-0931	5. SEX 6. AGE (In yrs. lest	YRS. IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN.			100 sh P			BIRTHPLACE (State or Foreign L+a/Y	
TOR	90. NACILITY NAME (If not institution, give st	way Noudian	96. CITY, TOWN OR LOCATION OF DEATH Parkville					of DEATH timore		
DIRECTOR	10e. STATE 10b. COUNTY	altimore	10c. CIT	Y, TOWN OR LOC					10d. INSIDE CITY LIMITS? 1 TYES 2 NO	
	100. STREET AND NUMBER 3409 Glenside Rd.				34			OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 XN IF YES, GIVE WAR OR DATES		3.33.					RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) V S			USUAL OCCUPA work done during se retired.) SEWIFE	TION most of working	16b. K	IND OF BU	SINESS/INDUST	FRY	
ш	17. FATHER'S NAME (First, Middle, Last) Angelo	Minacapell	i			NAME (First, Mid	Idle, Maiden	Sumame) Zino	0	
TO B	190. INFORMANT'S NAME (Type/Print) Miss Mary S. King				nandy Wo				City, Md. 21043	
	20e METHOD OF DISPOSITION 1 IA Burlel 2 ☐ Cremetion 3 ☐ Remid	20b. PLACE other pla	of DISPO	SITION (Name of y Redee)	mer 5/31	/90	В	altimo	or Town, State Ce, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIK			22. NAME	AND ADDRESS OF	FACILITY B	altir		1. 21214 HArford Rd/	
	IMMEDIATE CAUSE (Final disease or condition	List only one cause on each line	•						interval Batween Onset and Death	
z	disease or condition resulting in death) a. Servere Carbinac derivation of the consequence of: Servere Schrick Schrick Servered b. Servered Carbinac derivation of the consequence of									
CERTIFICATION	Sequantially list conditions, if any, leading to immediate ceuse. Entar UNDERLYING CAUSE (Diseese or injury	DUE TO (OR AS A CONSEC	OUENCE (OF):						
ERTIF	that Initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEC	DUENCE C)F):						
MEDICAL	PART II. Other significant condition	s contributing to deeth but not r	esuiting	In the underly	ing cause given		PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26 OTHER:	PLACE OF DEATH	(Check only one)				
PHYS	1 YES 2 NO 27. MANNER OF OEATH	1 □ Inpatient 2 □ ER/Outpatient 3 28a. DATE OF INJURY (Month, Day, Year)	28b. TI	WE OF 28c.	ome 5 Residen			INJURY OCCUP	BED	
ED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	me, farm,		YES 2 NO		TON (Street Town, State		Rural Route Number,	
COMPLET	one)	ICIAN: To the best of my knowledge, de ER: On the basis of examination and/or								
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	m. d.			29c. LICENSE	NUMBER V		29d. DATE 9	IGNED (Month, Day, Year)	
[일]	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEATH (ITE	M 27) (Typ	e, Print)				-	1	

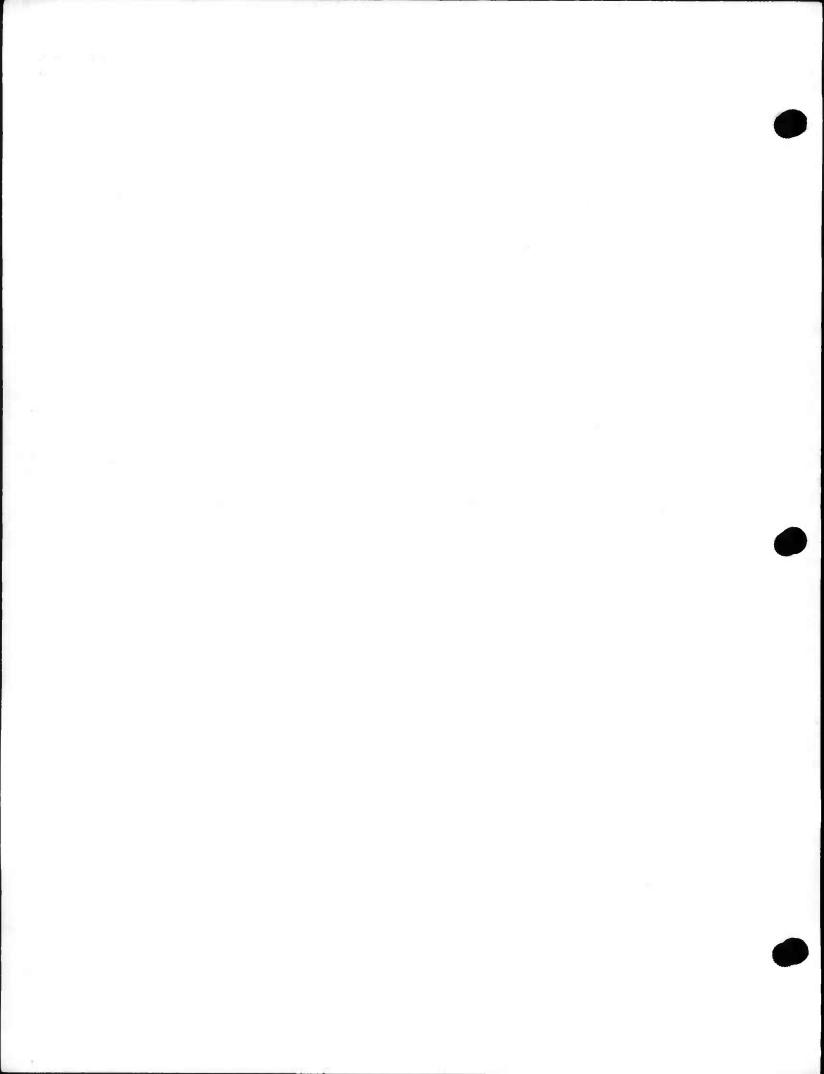
PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Lest)	WILLIAM S	SAUER			2. DATE OF OEATN		3. TIME OF DEATH		
						5-2	4-9	0 8,28 P, M		
	059-07-2578 1	× M 2 □ F 9	110	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/22/		BIRTHPLACE (State or Foreign Country) 9USTRIA		
~	9e. FACILITY NAME (If not institution, give street		9b	-	R LOCATION OF DE	ATH	9c. COUNTY			
DIRECTOR	ST. JOSEPH HO	osp.		100	USON		DA	LTO.		
REC	10e. STATE 10b. COUNTY	/		OWN OR LOCAT				10d. INSIDE CITY LIMITS?		
	MD BA	L10.	Coc	KEYSU	ZIP CODE		I as arriver	1 TYES 2 NO		
FUNERAL	50 RED MARE	- C.T		107.	21/30		U.S			
S	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN 1 FORCES? 1 YES	U.S. ARMED			IC ORIGIN? (Specify Y	ea or No — 14.	RACE — American Indian, Black, White, etc.		
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT			2 NO Specify	n, Puerto Rican, etc.)		Specify: White		
	15. DECEDENT'S EDUCATO	ION	18e. DECEDENT'S USU	JAL OCCUPATIO	N	18b. KIND OF B	USINESS/INDUS			
COMPLETED		college (1-4 or 5+)	(Give kind of work life. Do NOT use re							
MP	8		Restaura	nt Mana			ngton H	otel		
8	17. FATHER'S NAME (First, Middle, Last) Wilhelm Sauer					ME (First, Middle, Meide Anna Marz	n Surnama)			
BE	190. INFORMANT'S NAME (Type/Print)		19b, MAILING AD	DRESS (Street a		Route Number, City or R	wn. State. Zio Co	de)		
2	Katherine Sauer		Same a				,, -,-			
ĺ	20e. METHOD OF DISPOSITION 1 1 Buriel 2 Cremetion 3 Remove	(Toom Plate	PLACE OF DISPOSITION				OCATION — City	and the second s		
	4 Donetion 5 Other (Specify)	/ Du	laney Val				imonium			
	F ON P VI	71.11				Funeral				
_	"Konally (Sell	spe fr				d., Tows				
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis	only one cause on aa	ch lina.					, Approximata Interval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition	Chimie	obstru	Time	mhma	- dáne	m	Oneat and Daath		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Onset and									
3	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									
ATI	If any, leading to immediate cause. Enter UNDERLYING									
F	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
CERTIFICATION	resulting in death) LAST									
AL C	PART II. Other algorificant conditions of	ontributing to death bu	t not reaulting in t	ha undarlying	g causa given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS		
2						PERF	DRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDIC			<u></u>			_		1 YES 2 NO		
ä										
9		IOSPITAL:	0	THER:	ACE OF OEATN (Ch					
HYS	27. MANNER OF DEATN	□ Inpatient 2 □ ER/Outpe 28e. DATE OF INJURY	28b. TIME O	F 28c, INJ	URY AT	8 Other (Specify) 28d. DESCRIBE NOV	V INJURY OCCUP	REO		
BY PHYSICIAN:	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		RK? YES 2 NO					
COMPLETED B	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, streety)	et, factory, offic	9.	28f. LOCATION (Stree City or Town, Sta		Rural Route Number,		
٦	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowle	rdge, death occurred a	it the time, date	end place, and due	to the cause(e) and n	nanner as stated.			
NO N	one)	On the besie of axamination	and/or investigation, i	n my opinion, d	leath occured at the	time, date end place,	end due to the c	ause(e) end manner ee stated.		
w I	29b. SIGNATURE AND TITLE OF CERTIFIER	, ,			29c. LICENSE NUI	WBER	29d. DATE S	IONEO (Month, Day, Year)		
TO B	0 1 numary 2 , 10 pt 10 , 11 2							5/24/90		
	MATIVIDAD D	DE LEO	N (ITEM 27) (Type, Pri	m)e/0	ST. JO	MD- 2	1705P1	TAL		
	31. DATE FINAL STATE PORT 1990	32. REGISTRAR'S SIGNA	Andall.	ī	1					

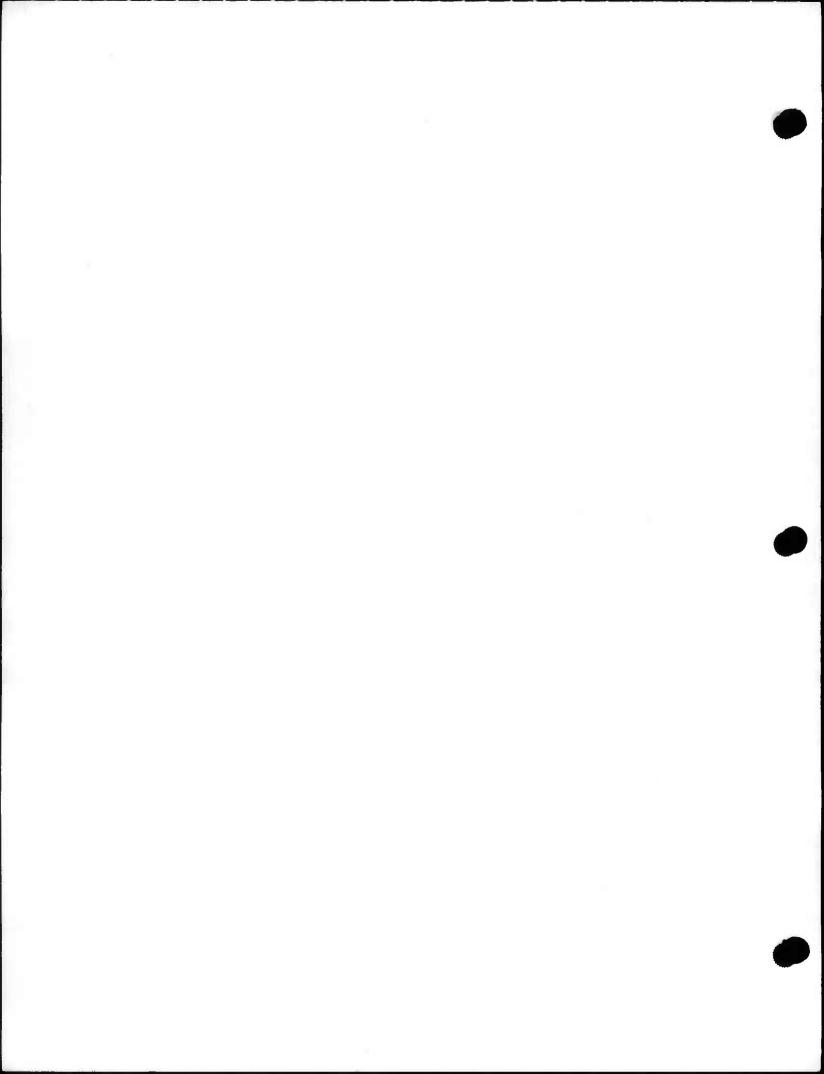


DAL	death
Ď	after
	hours
	24
o,	within
4	executed
<	2
O. BC	certificate
7.	death
S	t the
Υ.	tha
4500	requires
-	WE
4	The
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death
ISION	ATTENDING
\leq	OR
_	SPITAL

31. DATE FILED (Month, Day, Year) MAY 31

1990

		FOR STATE REGISTRAR	STATE OF MARYLA		ARTMENT OF		IENTAL HYG				
		1. DECEDENT'S NAME (First, Middle, Lest) Marilyn	Victor Taylor	747			2. DATE OF DEAT), M1990 Y	EAR 3.	TIME OF OEATH	
		4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (h	yrs. lest birthde 52 yrs	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTS				
2. 3 should	FOR	98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH Baltimore 9c. COUNTY OF DEATH Baltimore									
Pages 1,	DIRECTOR	10a. STATE 10b. SOUNT	10c. (CITY, TOWN OR LOC	ARu			-	I. INSIDE CITY LIMITS? YES 2 NO		
physician. burial-transit permit. Pages 1,	FUNERAL	10s. STATESTIS NO NUMBER AVENUE 10s. ZIP 20P2 27									
Jing physician the burial-tra	B¥	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Micropole	U.S. ARMED 2 NO TES	If yes, a	DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No— s, specify Cuban, Mexican, Puarto Rican, etc.) 14. RACE — American Bleck, White, stc. YES 2 NO Smytha						
retained by the hospital or attending 5 should be detached for use as the notified at once.	COMPLETED	15. DECEDENT'S EDU (Specify only highest grede Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Gha kind	T's usual occupation work done during in Tues retired.)	ION nost of working	100000	home	TRY		
d be detach	ш	17. FATHER'S NAME (First, Middle, Lest) Theodore Victor 18. MOTHER'S NAME (First, Middle, Meiden Surname) Caroline Wengert									
be retained pe 5 should e notified	TO B	Ms. Tina M. Sas		394	ll Cold C	and Number or Rural A nester Roa			Md	21229	
rector, page must be		20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removed from State 4 Donation 5 Other (Specify).									
r death. Pag he funeral dir al.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY AIRDROSE FUNERAL HOME 1328 Sulphur Spring Road, Arbutus, Md									
executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran to burial, cremation, or removal. mail: event, the medical examiner must be notified at once.		Approximate interval Between Onset and Death Approximate interval Between Onset and Death Due To (or as a consequence or):									
e be executed sician and con rior to burial, traumatic e	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
the death certificate be of the attending physician d Mental Hygiene prior to Injury, or other traur	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST									
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR. After this certificate has been signed by the atte be filed within 72 hours after death with the State Dept. of Health and Mental IMPORTANT: If Item 28 is marked, or Item 23 shows any injury,		PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO									
t: The law cate has State Dep	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (Che			J		
PHYSICIAN this certifin h with the S arked, or	PHY	27. MANNER OF DEATH 1 Autural 5 Pending	26a. DATE OF INJURY (Morith, Day, Year)		TIME OF 28c. I	NJURY AT VORK?		HOW INJURY OCCU	RED		
CTOR: After after death	ETED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		rm, street, factory, of	fice	28f. LOCATION (City or Town,	Street and Number or State)	Rural Rout	e Number,	
DSPITAL OR INFERAL DIRECTION 72 hours INT: If Item	COMPLE	(orioon orin)	ICIAN: To the best of my knowless: On the basis of examination							nd manner as stated.	
TO THE H. TO THE FL. Se filed wi	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUM 0382			31/	onth, Day, Year)	
	2	30. NAME AND ADDRESS OF PERSON WI	MOTALHA								



DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should with the State Dept, of Health and Mental Hyglene prior to bunfal, cremation, or removal.
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYI		RTMENT OF H		MENTAL HYGIR		. , , ,		
i	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	VIRGINIA	D TRUAX				05 2	5 199	6:00P M		
1			(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH			BIRTHPLACE (State or Foreign		
	002-20-72/4	1 M 2 X F	90 YRS.	MONTHS DAYS	HOURS MIN.	08/09/1	899	Country		
<u>E</u>	9a. FACILITY NAME (If not institution, give stre		NTED	TOWSO	OR LOCATION OF DE	AIH	1	COUNTY OF DEATH		
5	GREATER BALTIMORE	MEDICAL CL					1 DAG			
DIRECTOR	10a. STATE 10b. COUNTY		TY, TOWN OR LOCAL	ION		10d. INSIDE CITY LIMITS?				
١٥	MARYLAND 100. STREET AND NUMBER	R	ALTIMORE 1 10	ZIP CODE	10g. CITIZE	1 YES 2 NO				
FUNERAL	6401 LOCH RAVEN B			21239		JSA				
N		12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN		4. RACE — American Indian, Black, Whita, etc.			
BY F	1 Never Married 2 Married 3.X.X.Widowed 4 Divorced	FORCES? 1 YES			2 NO Specify	n, Puerto Ricen, etc.) ::		Specify:		
	15. DECEDENT'S EDUC	ATION	Ties DECEDENTS	USUAL OCCUPATION	ON.	185 KIND OF	BUSINESS/INDUS			
ETE	(Specify only highest grade c		(Give kind of	work done during mo	st of working			31711		
PL	12	Contage (1-4 of 5 +)	·	Curator		M	useums			
COMPLETED	17. FATHER'S NAME (First, Middle, Lust) Charles B. Do		. :			ME (First, Middle, Main				
BE (empsey			<u> </u>	garet Eva				
2	Mr. C. Barry Trua	x			ind Number or Rural I	Route Number, City or Balti	<i>Town, State, Zip C</i> more, M			
	20a. METHOD OF DISPOSITION	0b. PLACE OF DISPO	SITION /Name of ce	metery cremetory or			ty or Town, State			
	1 Duriet 2 Coremation 3 Removal from State 4 Donation 5 Other (Specify)			unt Ceme	tery	altimor	ce, Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22 NAME AND ADDRESS OF FACILITY MITCHELL-WIEDEFELD HOME, INC.						
	6500 York Road Baltimore, Md. 21212									
	23. PART I. Enter the diseases, or co shock, or heart fallure. L			not enter the me	de of dying, suc	h as cardiac or re	apiratory arres	st, Approximate Interval Between		
	IMMEDIATE CAUSE (Finel	iat only blie cause on	odon mio.	Onse						
	disease or condition									
	DUE TO (OR AS A CONSEQUENCE OF): ACUTE MYOCARDIAL INFARCTION									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE		11011					
S	ceuse. Enter UNDERLYING CAUSE (Disease or Injury									
E	that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE	OF):						
병	d									
							AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDICAL						8 2 NO	OF OEATH?			
						_		1 WES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (C/	neck only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:		8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year	Y 28b. T	ME OF 28c. IN	JURY AT	28d. DESCRIBE HO	W INJURY OCCU	JRED		
ВУ	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO					
8	3 Suicide 8 Could not be 4 Homicide determined			, street, factory, offi	60	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
LET	29a. CERTIFIER	70A CERTIFIED								
COMPLET	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
ш	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d, DATE	SIGNED (Month, Day, Year)			
TO B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF	OEATH (ITEM 27) (%	oe. Print)			1 5/	25/96		
		,	(and any (19)							
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE CO.							
	and of Bon	The state of the s	0							

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	the se	Ded
	Inire	Sig
	rec	peer
	3	Se
	The	te h
	Z	fca
	SICIA	Cert
5	PHY	this
	DING	After
5	TEN	OR:
	A	EC
5	R	DIR
	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	VERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. urs after death. Page 6 may be retained by the hospital or attending physician,

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	i	STATE OF M		D / DEPAR CERTIF				MEN.	TAL HYGIENE REG. NO.			
CUADIOTTE THORMANN MONTH DAY YEAR								3. TIME OF DEATH 7:40 P. M				
4. SOCIAL SECURITY NUMB	-117	SEX		s. last birthday)	IF UNDER 1		IF UNDER 24 HRS.	(M	TE OF BIRTH fonth, Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION O						LOCATION OF E						
GREATER BALTIMORE MEDICAL CENTER TOWSON BALTI								ALTI	MORE			
10a. STATE									10d. INSIDE CITY LIMITS?			
104. STREET AND NUMBER 104. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY?									1 TYES 2 X NO			
727 SCARLETT DRIVE 21204 USA												
11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, atc.) 13. Widowed 4 Divorced 14. RACE — American Ind Black, Whita, etc. 15. YES 2 NO Specify: WHITE							White, etc.					
15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDUCATi highest grade con	ION npleted) College (1-4 or 5+)		(Give kind of ville. Do NOT us	work done du	CUPATION uring most	of working		16b. KIND OF BUSH	NESS/INDL	JSTRY	
12 17. FATHER'S NAME (First, M	iridia (pet)	2		HOMEMA	KER		16 MOTHED'S N	AME /E	HOUSEH(
LUDWIG	FORSCHI	NER					MARIA	IVANCE IVA	ZIEGLE	-		
190. INFORMANT'S NAME (7) WOLFGANG	ype/Print)								Number, City or Town,	State, Zip		
20a. METHOD OF DISPOSITION 1 LYBurial 2 Cremation 4 Donation 5 Other	ION on 3 🗆 Remova		Otr	ACE OF DISPOS	SITION (Nam	ne of ceme		5-3	30-1 99 0	ATION — C		vn, Stata
21. SIGNATURE OF FUNERA	L SERVICE LICEN	SEE)	1	DEN III			ADDRESS OF				Onn	
Jany	Ralli	Diova	uni									MD. 21204
23. PART I. Enter the di shock, or hi IMMEDIATE CAUSE (Fin	eart fallure. Lis	t only one caus	se on each	e death. Do r line.	not enter t	ine mod	e of dying, su	ich as	cardiac or respire	etory sm	est,	Approximata Interval Batween Onset and Death
disease or condition resulting in death)	→ a					DIAL	INFARC	TIO	N			2 days
		CO	OR AS A CO	MSEQUENCE O		Dr.	Mase	,				10 yrs
Sequentielly list condition of the sequentielly list condition of the sequential sequent	lons, diata	DUE TO	OR AS A CO	INSEQUENCE O	F):							
CAUSE (Disease or Injuthat Initiated events resulting in death) LAS	iry C.	DUE TO	OR AS A CO	INSEQUENCE O	IF):							
PART II. Other significs	d	contributing to	death but i	not resulting	In the unc	tertylna	cause alven l	n Part	I, 24a. WAS AN A	UITABEV	245	WERE AUTOPSY FINDINGS
	- Contactions	-			III tije dik	zerrynny	Cedse given		PERFORI	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
												1 TYES 2 NO
25. WAS CASE REFERRED T						26. PLA	CE OF OEATH (Check on	ily one)			
EXAMINER?	1	OSPITAL:				ing Home	5 - Residenc	_				
27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending investigation	28a. DATE OF (Month, De	INJURY ly, Year)	28b. Till	ME OF JURY M	28c. INJU WOR 1 YE	RY AT K? ES 2 NO	28d.	OEȘCRIBE HOW IN	JURY OCC	UREO	
2 D Sudalda	Could not be determined	28e. PLACE Of building,	F INJURY — atc. (Specify)	At home, farm,	atreet, facto	ery, office		201.	LOCATION (Street as City or Town, State)	nd Number	or Rural R	oute Number,
cool only									e cause(a) and mend data and place, and) and menner as stated.
JUDINATURE AND TITLE	29c. LICENSE NUMBER 29d. DATE SIGNED (Morlet), Doy, Year) \$\int \frac{1}{2}\text{33400}\$ \$\int \frac{5}{2}\text{8190}\$											
30. NAME AND ADDRESS O Tredell V	F PERSON WHO C	COMPLETED CAUSE	E OF DEATH	(ITEM 27) (Type	Print)	N. U	lowers	ty	Phuy 1	Balt	OM	n 21210
MAY 3 1 19	90 Juli	32. REGISTRA	R'S SIGNATU	RE .		-			*			

	should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
I THE MOSTING OF A STATE OF A STATE OF THE S	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 beath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	APDRTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYI		MENT OF HEALT		NTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)	1			DATE OF DEATH	Y YEAR	3. TIME OF DEATH			
	Frank L Und					May 21, 1990				
	l	MONTHS CLAVE MOURES MIN (Month, Day, Year)								
	577-58-9080 1 ⊠ M 2 □ F 9e. FACILITY NAME (if not institution, give street and number)	94 YRS.			11/23/1	ssachusetts				
œ		1	b. CITY, TOWN OR LOCA			9c. COUNTY OF				
6	Holy Cross Hospital		Silver	Spring	J	_Montg	omery			
DIRECTOR	Manya and Manharana	10c. CITY,	TOWN OR LOCATION	~ .		10d. INSIDE CITY LIMITS?				
	Maryland Montgomery 100. STREET AND NUMBER		Silver S		J.	YES 2 NO				
FUNERAL	Sylvan Manor		101. ZIP CC	JUE .		United States				
S	11. MARITAL STATUS 12. WAS DECEDENT EVER	IN U.S. ARMED			ORIGIN? (Specify Yes	or No- 14. RA	CE — American Indian.			
BY FI	1 Never Merried 2 Merried FORCES? 1 YES		If yes, specify Cu 1 ☐ YES 2 💢 N		Puerto Ricen, etc.)	ick, White, etc.				
	15. DECEDENT'S EQUICATION	T					ack			
COMPLETED	(Specify only highest grade completed)	(Give kind of wo	SUAL OCCUPATION 'k done during most of woretired.)	rking	16b. KIND OF BUS	SINESS/INDUSTRY				
7	Elementery/Secondary (0-12) College (1-4 or 5+) 3rd Grade	Postal	Worker		Gove	rnment				
Š	17. FATHER'S NAME (First, Middle, Last)			THER'S NAME	(First, Middle, Maiden					
BEC	Unknown			Unkno						
0	19e. INFORMANT'S NAME (Type/Print)		DDRESS (Street and Num							
	Agnes Beck 200. METHOD OF DISPOSITION 20		Old Fort			ashing				
	1 X Buriel 2 Cremetion 3 Removal from State	other place)	,	,						
21. SIGNATURE OF FUNERAL SERVICE LICENSEE (). 22. NAME AND ADDRESS OF FACILITY							Landover, Maryland			
	b loop of thems	+ -			ral Hom	_	_			
	23. PART . Enter the diseases, or complications that cause		t enter the mode of	dying, euch a	e cerdiec or reepi	retory arreet,	Approximate			
	shock, or heart failure. List only one ceuse on iMMEDIATE CAUSE (Final	//					interval Between Onset and Death			
	disease for kondition resulting is deeth) a.									
	DUE TO TOR ASI'A CONSEQUENCE OF):									
NO	Sequentially liet conditione, DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	ceuse. Enter UNDERLYING									
Ě	flist initiated events	A CONSEQUENCE OF):								
斯	resulting in deeth) LAST									
AL C	PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? AMA AMA AMA AMA AMA AMA AMA A									
20	Mawrell or	suyou	way menou			□ NO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
ME		/			_		1 _ YES 2 _ NO			
Ä	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN: MEDIC	EXAMINER? 1 YES YOO In input lent 2 ER/Ou		OTHER:	DEATH (Check						
HYS	27. MANNER OF DEATH 280. DATE OF INJURY	28b. TIME		_	Sd. DESCRIBE HOW I	NJURY OCCURED				
ВУ Р	1 Netural 5 Pending (Month, Day, Year)	INJU	M 1 YES 2	NO NO						
ED B	3 Suicide 8 Could not be 28e. PLACE OF INJUR	RY — At home, farm, str	eet, factory, office	26	Bf. LOCATION (Street of City or Town, State)	and Number or Run	Il Route Number,			
ETE	4 Homicide determined									
COMPLET	29e. CERTIFIER (Check only one)									
S	2 MEDICAL EXAMINER: On the man of examinate	lon end/or Investigation	In my opinion, death oc	cured at the tim	ne, date end place, en					
BE	20b. SIGNATURE AND TITLE OF CERTIFIED SELECTION		29c. L	CENSE NUMBE	74	DATE SIGN	(C) (Migrith, Day, Marr)			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, I	NO	2309	95 8 401	REFIEL	o Ro			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG	NATURE		0.101	140-0 100	7				
	I MINV O - 1000 / I I S	1.00								

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	1 - STATE REGISTRAR	STATE OF MARYL			OF DEAT		NTAL HYGIENE REG. NO.			
	OECEDENT'S NAME (First, Middle, Last)		1110		/	2.	DATE OF OEATH MONTH DAY	YEAR	3. TIME OF DEATH PM	
1	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 2	A MIDS 7	5 25 DATE OF BIRTH	90	THPLACE (State or Foreign	
	212'05-1361		83 YRS.		AYS HOURS		(Month, Dey, Year) 9-8-06	Cour	aryland	
	9a. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY, TO	WN OR LOCATIO	N OF DEATH		9c. COUNTY OF		
5	SH, JOSUM 5 /	403P11AL		760	O YOYK	Ka		Dal	HIMME	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR I	LOCATION				10d. INSIGE CITY LIMITS?	
	Ma ka	lt		an	Ma.				1 TYES 2 NO	
FUNERAL	100. STREET AND NUMBER	21			10f. ZIP CODE	2/20	6		WHAT COUNTRY?	
5	11. MARITAL STATUS	12. WAS OECEDENT EVER FORCES? 1 YES	2-4- NO				ORIGIN? (Specify Yee of Puerto Rican, etc.)	r No.— 14. BA	CE — American Indian, ick, White, stc.	
2	1 Never Married 2 Married \$ \infty \text{Widowed} 4 Divorced	IF YES, GIVE WAR OR I	DATES		YES 2 NO				white	
ETED	15. DECEDENT'S EDUC (Specify anly highest grade		16a. DECEOENT'S	USUAL OCCU	JPATION ing most of working	,	16b. KINO OF BUSIN	NESS/INOUSTRY		
P.E.	Elementary/Secondary (0-12) 9th grade	College (1-4 or 5 +)	life. Do NOT us	untine			C. & P.	Telepl	none Co.	
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	ER'S NAME	(First, Middle, Meiden St	ımame)		
BE	William Kraft					ather	rine Kriel	le		
2	19a. INFORMANT'S NAME (Type/Print)		196. MAILING	6 Gler	awood Ro	a. Be	te Number, City or Town, lair, Md.	21014		
	Fidmund Rereman 200, METHOD OF DISPOSITION 44-Burial 2 Cremation 3 Remo	26	Db. PLACE OF DISPOS	SITION (Name	of cemetery, cremi	story or	20c. LOC	ITION — City or	Town, State	
	4 Donation 5 Other (Specify)	wal from State	Garden		Faith Co		-	imore,	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC		9		ME ANO ADDRES ASSANN I					
	+ Lasselw I			74	401 Bela	air Re	d. Balto.		21236	
	23. PART i. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Car	each line.				Sufar		Approximate interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): C. OUE TO (OR AS A CONSEQUENCE OF): d.									
PHYSICIAN: MEDICAL	PART II. Other significant condition	e contributing to deeth	but not resulting	in the unde	erlying cause g	iven in Pa	24a. WAS AN A PERFORM	ED?	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DE	EATH (Check	only one)			
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ou	rtpatient 3 🗆 DOA	OTHER: 4 Nursin	g Home 5 🗆 Re					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Till	JURY	Bc. INJURY AT WORK?		ed. DESCRIBE HOW IN	JURY OCCURED		
B	2 Accident Investigation	28e. PLACE OF INJUR	RY — At home, farm,		1 YES 2		8f. LOCATION (Street or	d Number or Run	al Route Number,	
	4 Homicide 6 Could not be determined	building, etc. (Sp	pecify)				City or Town, State)			
COMPLETED	000)	CIAN: To the best of my kno								
8	2 MEDICAL EXAMINE	R: On the basie of examinat	ion entror investigation	on, in my opii						
8	29b. SIGNATURE AND TITLE OF CERTIFIER	O. Dina	N	7.1)	29c. LICE	/ 6 4	192	DATE SIGN	ED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	a, Print)	,	-/	A 74 G	0		
	BEATR121	0.01201	yest.	460	yph.	Hog	pelal	lows	on my.	
	MAY 3 1997 40	La Jandon -	THE STATE OF THE S		~					

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and within 72 hours after death with the State Denir of Health and Mental Horlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF		/ DEPAR					/EN	TAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle	*DEATIVE	E VANDI						M	ONTH DATE OF DEATH DATE OF DEATH DATE	W C	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTN		8. BIRTNPLACE (State or Foreign				
	147-40-6028	1 □ M 2 🖔 F	83	3 YRS.	YRS. MONTHS DA		HOURS	MIN.		Month, Day, Year) Y 3, 1907	WANAQUE,		**
	9a. FACILITY NAME (If not Institution	n, give street and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
DIRECTOR	WASHINGTON CO		AL		HAG	ERS	TOWN	1			WASHINGTON		
<u> </u>		COUNTY		10c. CIT	Y, TOWN OR	LOCAT	ION						10d. INSIDE CITY LIMITS?
造	WV BEF	RKELEY		FAI	LING	WAT	CERS						1 YES ZXX NO
A	10e. STREET AND NUMBER					7	. ZIP COD	E			10g. CIT	ZEN OF	WHAT COUNTRY?
FUNERAL	RT. 2, BOX 2	200						254	19)		USA	1
5	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S.				IC OF	RIGIN? (Specify Yes	or No-	14. RACI	E — American Indian, k, White, etc.		
ВУ	1 Never Married 2 Marrie 3 WWidowed 4 Divorced		IF YES, GIVE WAR OR DATES		1 YES 2 NO Specify:							pecify:	
9 03		'S EDUCATION	1400	DECEDENT'S	LIEUAL OC	CHIDATIC	NA.			16b. KIND OF BUS	INCO INC	MOTEN	WHITE
ETE	(Specify only higher	st grade completed)		(Give kind of	work done du			ng		100, KIND OF BUS	INESS/INL	JUSTRY	
=	Elementary/Secondary (0-12) 8TH	College (1-4 or 5	+)	ног	1EMAKI	מי				,	HOME		
COMPL	17. FATHER'S NAME (First, Middle, L	ast)		пог	III-MIAINI	7.5	16. MOT	HER'S NAI	ME (F	irst, Middle, Maiden			
	WILLIAM WATE	ERSIDE					10.00			RNES			
BE	19a. INFORMANT'S NAME (Type/Pris			19b. MAILING	ADDRESS	(Street a				Number, City or Tow	n, State, Zip	Code)	
임	PRISCILLA G.	RUDE		RT.	2, BC	OX 2	200,	FALI	IN	G WATER	s, w	7 254	19
	20a. METNOD OF DISPOSITION		20b. PLA	CE OF DISPO							CATION —		
	XX Buriet 2 ☐ Cremation 3 6 4 ☐ Donation 5 ☐ Other (Specific			VALE (CEMETE	ERY				MI	OVALE	E, NJ	J
	21. SIGNATURE OF FUNERAL SERV	//						SS OF FAC					
	- Charles) M. 12	wwx)						ME, 327 NSBURG,			
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or raspiratory errest, shock, or haart fellure. List only one cause on each line. Approximate interval Between												
	IMMEDIATE CAUSE (Finel disease or condition		Ca 0	,	- 6	2.	0	/		7			Onset and Death
	disease or condition resulting in death) a. Due to (OR AS A CONSEQUENCE OF): Aprefermen Consequence Construction Vancual an Acuseus Yey										10 6		
7	17	resterment	Par Som	12-16	0 5	Tan.	(20	ucu	e.	cu Dea	eur		1 yes
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate		O (OR AS A CON		F):								
3	cause. Enter UNDERLYING CAUSE (Disease or injury	csuse. Enter UNDERLYING											
빌	thet initieted events	DUE TO	OR AS A CON	SECUENCE O	F):								
ᇤ	resulting in death) LAST	d											
	PART ii. Other significent co	nditions contributing to	o death but no	ot resulting	In the und	dariyin	g ceuse	given in	Part	i, 24s. WAS AN	AUTOPSY	248	. WERE AUTOPSY FINDINGS
8										PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA										1 TYES 2	□ NO		OF DEATH? 1 YES 2 NO
													T TES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MED	HCAL				26. PI	LACE OF I	DEATN (Ch	eck or	nty one)			
잃	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER A Number	:				Other (Specify)			
PHY	27. MANNER OF DEATH	28a. DATE O	FINJURY	28b. Til	AE OF	28c. INJ	JURY AT		_	. DESCRIBE NOW	NJURY OC	CURED	
ВУ Р	1 Netural 5 Pendir	ng	Day, Year)	114	JURY		YES 2	□ NO					
DB	2 Accident Investi 3 Suicide 6 Could	28e. PLACE	OF INJURY — AI	home, farm,	atreet, facto	ry, offic			261.	LOCATION (Street City or Town, State)	and Numbe	r or Rural	Floute Number,
臣	4 Homicide determ	nined	y arm (opcony)							Oily or lown, outle,			
ا ا	29a. CERTIFIER (Check only	G PHYSICIAN: To the beat	of my knowledge	, death occur	red at the tir	ma, data	and plac	e, and due	to th	e cause(a) and ma	nner aa ste	rted.	
COMPLETE	one)	XAMINER: On the basis of											a) and manner as stated.
	29b. SIGNATURE AND TITLE OF C	ERTIFIER	-				29c. LIC	ENSE NUA	ABER		29d. DA	TE SIONEI	D (Month, Day, Year)
BE		Jerson	ule	-	m.					845			
10	30. NAME AND ADDRESS OF PERS									0 4 1		-	
		RNBAKER / JR	ET NOTES	DOTOL	AT MD	2.1	7/0						

32. REGISTRAR'S SIGNATURE

ttending physician. e as the burial-transit BALTIMORE, MARYLAND 21203-3146

Pages 1, 2, 3 should

permit.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

30. NAME AND ADDRESS

31. DATE FILED (Month, Day, MAY 31

Maged Roles

1990

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN WADKINS Lester Howard May 26 1990
7. DATE OF BIRTH
(Month, Day, Year)
July 12, 1930 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (SI DAYS 224-34-3908 1 XM 2 - F Carolina Ν. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Rossville Baltimore DIRECTOR Franklin Square Hospital RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Md. Baltimore 5717 Station Rd. White Marsh, 1 YES 2 X NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 5717 Station Rd. 21162 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indien, Black, White, etc. 11. MARITAL STATUS FORCES? 1 YES 2 2XXN0 1 Never Married 2 Married 1 YES 2XXNO Specify: Specify: B 3 Widowed 4 Divorced white 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Self-employed yrs. Contractor 17. FATNER'S NAME (First, Middle Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Joel G. Wadkins Loretta Housier B 19n. INFORMANT'S NAME (Type/Print) 19b. MAILINO ACCRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Shirley D, Wadkins 5717 Station Rd./ White Marsh, Md. 20s. METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 1 X Burlai 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) Middle River, Md. Holly Hill Mem. Gardens 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E.F.Lassahn Funeral home E. F. Lassahn 11750 Belair Rd, Kingsville, Md. 21087 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory errest, Approximate interval Between shock, or heart feilure. List only one cause on each line. Onset and Death IMMEDIATE CAUSE (Finel disease or condition Cancer of the Lung
 OUE TO (OR AS A CONSEQUENCE OF): reaulting in death) Dehydration
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 🗆 YES 2 🛒 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO 1 N Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCUREO 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide determined 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 __ MEDICAL EXAMINER: On the beals of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER Boles 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE 5-26-90 9 PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

MD 9000 Franklin Square Drive

Bands 2

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMOHE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a require after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND	MENTAL HYGIEN REG. NO		٠ ٦		
	1. DECEDENT'S NAME (First, Middle, Last)		INAN	d	5 2	WAY YE. 90	5 9 A M		
	4. SOCIAL SECURITY NUMBER 216-46-7863 98. FACILITY NAME (If not Institution, give si	6. SEX 1 M 2 F 6. AGE (In yrs. less	YRS. MONTHS	1 YEAR IF UNDER 24 HRS. DAYS NOURS MIN. TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 7-/8-/ EATH		BALTO, Co. OF DEATH		
DIRECTOR	STELLA RESIDENCE OF DECEDENT	MARIS	-	WSON,	Md.	BA	Lto. Co		
		imore	To:	wson			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	2300 Dulaney V	alley Road		101. ZIP CODE 21204	,	10g. CITIZEN US	OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES	NO I	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic I YES 2 X NO Speci	en, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, atc. Spector: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (G	ECEDENT'S USUAL OF Bive kind of work done of L. Do NOT use retired.) Homemake:	during most of working	16b. KIND OF BU	JSINESS/INDUST	RY		
BE CON	17. FATHER'S NAME (First, Middle, Last) Thomas	J. Winand			AME (First, Middle, Maide Crude Nevi				
TO B	Mr. Thomas W. Gre	ene 19		3 (Street and Number or Rural OX 12 Phoen		wn, State, Zip Coo 21131			
	20s. METHOD OF DISPOSITION 1 ABurlel 2 Cremetlon 3 Rem 4 Donation 5 Other (Specify)	ovel from State	of DISPOSITION (No.	cemetery, cremetory or Cemetery		ikesvil	or Town, State le, Md.		
	21. SIGNATURE OF PUMERAL SERVICE LIC	M Buch		TTCHELL-WIET 500 York Roa					
	IMMEDIATE CAUSE (Final	complications that caused the di- List only one cause on each line a. PROBABL DUE TO (OR AS A CONSE	0.		ch as cardlec or rea	piratory arrest	Approximata Interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events b. A 5 C V D DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CERTI	resulting in death) LAST	d							
	-								
MEDICAL	PART II. Other significant condition	ns contributing to death but not	resulting in the un	ndarlying cause given in	Part I. 24s. WAS A PERFC	PAMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	PERFC	PAMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
		HOSPITAL:	OTHE	28. PLACE OF DEATH (C	PERFC 1 YES	PAMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL:	OTHE	26. PLACE OF DEATH (C	PERFC 1 YES	PRMED?	MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3	3 DOA 4 Nur 28b. TIME OF INJURY	26. PLACE OF DEATH (CR: sing Home 5 Realdence 28c. INJURY AT WORK? 1 YES 2 NO	PERFC 1 YES heck only one) 8 Other (Specify)	PMED? 2 NO INJURY OCCUR	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide determined 29a. CERTIFIER (Check only	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At the	3 DOA 4 Nur 29b. TIME OF INJURY M ome, farm, street, fect	26. PLACE OF DEATH (CR: aing Home 5 Realdence 28c. INJURY AT WORK? 1 YES 2 NO tory, office	PERFO 1 YES 1 YES Description 28d. Describe How 28f. LOCATION (Stree City or Town, State a to the cause(a) and m	PMED? 2 NO INJURY OCCUR t and Number or to	MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 4 Homicide determined 29a. CERTIFIER (Check only	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 26e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At he building, stc. (Specify) ilCIAN: To the best of my knowledge, definition of the basis of examination and/or	3 DOA 4 Nur 29b. TIME OF INJURY M ome, farm, street, fect	26. PLACE OF DEATH (CR: aling Home 5 Realdence 28c. INJURY AT WORK? 1 YES 2 NO tory, office	PERFO 1 YES Neck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Stree-City or Town, State) a to the cause(a) and me e time, data and place, a	PIMED? 2 NO INJURY OCCUR (and Number or it is) enner as stated, and dua to the ca	MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO Rural Route Number,		

REGISTRAR'S SIGNATURE OF

ITEMS:28a,28b per ME G-667 9-21-90 cm

	1 - STATE REGISTRAR	SINIE UF M					DEATH		REG. NO.	-			
1	1. OECEOENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH DA		YEAR	3. TIME OF DI	EATH
	GEORGE		MICHAE	EL.		WAL	KER	5		4	90	6:00	P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF	BIRTH			IPLACE (State or	Foreign
	220-52-5891	1 🔀 M 2 🗌 F	40	YRS.	MONTHS	DAYS	HOURS MIN.	27	10750		Ma	Tyland	
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN 0	R LOCATION OF DE	ATH		9c. COU	INTY OF D	DEATH	
S	13 Lyric Court	-				T	owson			В	alti	more	
DIRECTOR				Lucian								10d. INSIDE C	
H	Maryland Balti				r, town of Towso		ION					LIMITS?	
9	10a. STREET AND NUMBER				10,00		ZIP CODE			I		1 YES 2	247
BY FUNERAL	13 Lyric Ct.					101	21204				.S.A		"
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	TEVER IN U.S. AT	RMED NO			ENDENT OF HISPAN			or No-	14, RAC Blac	E — American I k, White, atc.	ndlen,
≥	1 Never Married 2XXMarried 3 Widowed 4 Olvorced	IF YES, GIVE W	AR OR DATES				ZY NO Specify				Spec	"White	
	15. DECEDENT'S EDUC		am War	ECENENTIC	USUAL OC	CHIDATIC	MAI .	16h K	IND OF BU	SINESS/IN	DUSTRY		-
	(Specify only highest grade	completed)	(0	Give kind of a. Do NOT u	work done d	luring mo	st of working	100.1	IND OF BO.	3H4E33/H4	DOUTH		
7	Elementary/Secondary (0-12)	College (1-4 or 5 +	•)	Sale	sman				Medi	cal			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Mic	die, Maiden	Surname)			
ŏ	James K. Walker						Ruth	L. Be	ergma	n.			
BE	19a, INFORMANT'S NAME (Type/Print)		19	9b. MAILING	ADDRESS	(Street a	nd Number or Rural i	Route Number	City or Tow	n, State, Zi	ip Code)		
2	Sharon B. Walker			707	Ston	ele	igh Rd.	Balto	. Md.	212	12		
ı	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ☐ Cramation 3 ☐ Rem		20b. PLACE	OF DISPO	SITION (Na	me of cer	netery, crematory or		20c. LO	CATION -	- City or T	own, State	
	4 Donation 5 Other (Specify)				enmou	int	Cremator	y	Ва	lto.	Mar	yland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	M Kra	t z	22.	MAME A!	chell-Wi	ciuty edefe	ld Ho	me			
	▶ Robert	mik	rath				00 York			inc			
	23. PART I. Enter the diseases, or o				not enter	the mo	de of dylng, suc	h es cerdis	c or resp	iratory a	rrest,	Approx	
	ahock, or heert fellure. IMMEDIATE CAUSE (Finel	List only one ceu	ise on each lin	ie.									Between and Death
	disease Dr condition resulting in death)	Conta	act Guns	shot	Wound	of	Head						
	resulting in death)		(OR AS A CONS										
z	Commentative that and distance	b											
E	Sequentielly list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSE	EOUENCE (OF):							i	
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Discess or Injury	c										_	
E	thet initieted events resulting in death) LAST	DOE 10	(OR AS A CONSI	EOUENCE	r):							j	
H		d										-	
ار	PART II. Other aignificant condition	s contributing to	death but not	resulting	In the un	derlyln	g cause given in	Part I.	4a. WAS AN		/ 24	b. WERE AUTOPS	
2		_							X YES			COMPLETION OF DEATH?	
											,	1 XYES 2	□ NO
.: N					_			— '	Head	Only	"		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF DEATH (C/	heck only one)					
SIC	EXAMINER?	HOSPITAL:	ER/Outpatlant	3 DOA	OTHER	R: sing Hon	ne 5 🗆 Residence	8 XOther	(Specify)	Scei	ne		
ΉÝ	27. MANNER OF DEATH	28e. DATE OF	PINJURY POUT	28b. TI	ME OF	28c. IN.	JURY AT ORK?	28d. DE\$C	RIBE HOW	INJURY O	CCURED		
ВУ Б	1 Natural 5 Pending 2 Accident Investigation	5-22	965724	700 4:	08рм	1 🔲		Subj	ect s	hot	self		
	XXX Suicide 6 Could not be	28e. PLACE C building	OF INJURY — At I	home, farm	street, fact	tory, offic	:0		TON (Street Town, State	and Numb	er or Rura	Route Number,	rt
TE	4 Homicide determined			ho	me			Tows	on, E	alti	more	ic Count	y, MD
7	29a. CERTIFIER CERTIFYING PHYS	ICIAN: To the best of	f my knowledge, o	death occu	med at the t	ime, data	and place, and du	a to the caus	e(s) and ms	nner aa si	tated.		
COMPLETED	one) 2 X MEDICAL EXAMINE	ER: On the beals of a	examination and/o	r Investigat	ion, in my o	opinion,	death occured at the	e time, date a	nd place, a	nd due to	the cause	(s) and manner	an stated.
	296. SIGNATURE AND TITLE OF CENTIFIE	A V					29c. LICENSE NU	IMBER		29d. D/	ATE SIGNE	ED (Month, Day, 1	(bar)
BE	Worker to	Mull					oci	MF:		•	5-2	5-90	
2	30. NAME AND ABDRESS OF PERSON WI	O COMPLETED CAU	ISE OF DEATH (IT	TEM 27) (Ty)	e, Print)			ليلك.			J 6.		-
	Margarita A. Kon	rell, M.D	O., Assi	istan	t 1	L11	Penn Str	eet,	Balti	more	, MD	2120	1 vl
	31. DATE FILED (Morith, Dey, Year) MAY 3 1 1990	32. REGISTRA	AR'S SIGNATURE	1.00									
	MAY 31 1990	Juha Da	udson-han	Monte								_	

	1 - STATE OF MA			OF HEALTH AND N	MENTAL HYGIEN REG. NO.	E			
	DECEDENT'S NAME (First, Middle, Last)	OLIII.	10/41-	OI DEMIN	2. DATE OF DEATH	3. TIME OF DEATH			
	MARIE F				MAY 28	3. 199	00 0840 A M		
	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 ☑ F	3. AGE (In yrs. lest birthde 93 YRS	MONTHS D	MANS HOUSE MIN	7. DATE OF BIRTH (Month, Day, Year)	- 1	BIRTHPLACE (State or Foreign Country)		
ĺ	9a. FACILITY NAME (If not institution, give street and number)	93 1110		OWN OR LOCATION OF DE	Mar.6, 189	897 France 9c. COUNTY OF DEATH			
Œ.				BURNIE, MA					
5	NORTH ARUNDEL HOSPITAL	1:-			INTLAND	Annu			
FUNERAL DIRECTOR	Maryland Anne Arundel	100.	Severn				10d. INSIDE CITY LIMITS? 1 VES 2 NO		
4	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?		
ER.	449 Cloverdale Circle			21146			J.S.A.		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	EVER IN U.S. ARMED YES 2 NO R OR DATES	lf y	AS DECENDENT OF HISPAN res, specify Cuban, Mexica YES XX NO Specify	n, Puerto Rican, etc.)	or No	14. RACE — American Indian, Black, White, etc. Specify: White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDEN	T'S USUAL OCC	UPATION ing most of working	16b. KIND OF BUS	SINESS/INDU	JSTRY		
COMPLETED	Elamentary/Secondary (0-12) Coffege (1-4 or 5+)	Homen	T use retired.)	ing most or working	Own	Home			
PMP	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)			
BE C	Jean Baptiste Føichat			Caesar					
TOB	19a. INFORMANT'S NAME (Type/Print) John W. Wenger	100000000000000000000000000000000000000	ing address (Street and Number or Rural I	Route Number, City or Tow	m, State, Zip	Code)		
	20a. METHOD OF DISPOSITION			# 1. U	20c. LO	CATION C	City or Town, State		
	1) Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	Loudon Pa					, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			Ck Towson F		10 Tu			
	Wallace S Bro	Bs. In		O York Road					
	23. PART I. Enter the diseases, or complications that	caused the death. D	la mate anten th						
	shock, or heart fallure. List only ope caus		, increment	ne mode of dying, suc	n as cardiac or respi	Iratory sm	Interval Between		
	IMMEDIATE CAUSE (Final disease or condition		A CA		Rom	0	Interval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		ia		Rom	0	Interval Between Onset and Death		
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death)	on each line.	E OF):		Rom	0	Interval Between Onset and Death		
ATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (6 Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	e on each line.	E OF):		0	0	Interval Between Onset and Death		
rification	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	on each line.	E OF):		Rom	0	Interval Between Onset and Death		
SERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OR AS A CONSEQUENCE	E OF):		Rom	0	Interval Between Onset and Death		
AL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OR AS A CONSEQUENCE	E OF):	Culti Pou Jeine	Repr lure rs Dar	car	Interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO		
CAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OR AS A CONSEQUENCE	E OF):	Culti Pou Jeine	Respondence	car HAUTOPSY RRMED?	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS		
CAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OR AS A CONSEQUENCE	E OF):	Culti Pou Jeine	Repa lure rs Dar	car HAUTOPSY RRMED?	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
CAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to conditions.	OR AS A CONSEQUENCE	E OF):	Culti Pou Jeine	Repa lure rs Dar Part I. 24a. WAS AR PERFOI 1 YES 2	car HAUTOPSY RRMED?	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
CAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to cause. EXAMINER? PART II. Other significant conditions contributing to cause. EXAMINER?	OR AS A CONSEQUENCE	E OF): E OF): OTHER:	Level Level	Repart I. 24e. WAS AN PERFOI	car HAUTOPSY RRMED?	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
CAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to contributin	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	E OF): E OF): OTHER: 4 □ Nursir	Level Level	Repart I. 24e. WAS AN PERFOI	car i autopsy nmed? 2 1-100	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to contributin	e on each line. OH AS A CONSEQUENCE OH AS A CONSE	E OF): E OF): OTHER: TIME OF BNJURY M	Culture Per Pue Per Pue 26. PLACE OF DEATH (Ching Home 5 Residence 26. INJUSTY AT WORK? 1 YES 2 NO	Part I. 24a. WAS AN PERFOI 1 YES 2	CONTRACTOR AUTOPSY RIMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to contributin	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	E OF): E OF): OTHER: TIME OF BNJURY M	Culture Per Pue Per Pue 26. PLACE OF DEATH (Ching Home 5 Residence 26. INJUSTY AT WORK? 1 YES 2 NO	Repart I. 24a. WAS AN PERFOI 1 YES :	CONTRACTOR AUTOPSY RMED? 2 1 NO CONTRACTOR AND Number and Number	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to contributing to contributing in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 LINO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 28. DATE OF Month, Delical Investigation 3 Suicide a Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of a could not be determined	e on each line. OH AS A CONSEQUENCY OH AS A CONSE	E OF): E OF): E OF): OTHER: 4 Nursir TIME OF INJURY M rm, street, factor	Level Per Level	Part I. 24a. WAS AN PERFOI 1 YES 2 eck only one) a Other (Specify) 28d. DESCRIBE HOW City or Town, State,	AUTOPSY RMED? 2 1 NO 2 INJURY OCC and Number	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO CURED Or Rural Route Number,		
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to contributing in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 VAN 1 VES 2 VES 2 VAN 1 VES 2 VAN	e on each line. OH AS A CONSEQUENCY OH AS A CONSE	E OF): E OF): E OF): The unda OTHER: 4 Nursir TIME OF INJURY M rm, street, factor	Coults Per Lec Per Lec Per Lec 26. PLACE OF DEATH (Ch 26. PLACE OF DEATH (Ch 26. INJURY AT WORK? 1 VES 2 NO 1, office 10. date and place, and due	Part I. 24a. WAS AN PERFOI 1 YES 2 eck only one) a Other (Specify) 28d. DESCRIBE HOW City or Town, State, on the cause(e) and ma	AUTOPSY RMED? 2 LIND INJURY OCC	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO CURED Or Rural Route Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to contributing in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Deposition 2 DATE OF (Month, Decomposition) 1 Natural 5 Pending Investigation 2 DATE OF (Month, Decomposition) 2 DATE OF (Month, Decomposition) 2 DATE OF (Month, Decomposition) 2 DATE OF (Month, Decomposition) 2 DATE OF (Month, Decomposition) 2 DATE OF (Month, Decomposition) 2 DATE OF (Month, Decomposition) 2 DATE OF (Month, Decomposition) 3 Suicide a Could not be determined 2 Decomposition) 2 DATE OF (Month, Decomposition) 3 DATE OF (Month, Decomposition) 3 DATE OF (Month, Decomposition) 3 DATE OF (Month, Decomposition) 3 DATE OF (Month, Decomposition) 3 DATE OF (Month, Decomposition) 3 DATE OF (Month, Decomposition) 3 DATE OF (Month, Decomposition) 3 DATE OF (Month, Decomposition) 3 DATE OF (Month, Decomposition) 3 DATE OF (Month, Decomposition) 3 DATE OF (Month, Decomposition) 3 DATE OF (Month, Decomposition) 3 DATE OF (Month, Decomposition) 4 DATE OF (Month, Decomposition) 4 DATE OF (Month, Decomposition) 4 DATE OF (Month, Decomposition) 4 DATE OF (Month) 4 DATE OF (Month) 4 DATE OF (Month) 4 DATE OF (Month) 4 DATE OF (Month) 4 DATE OF (MONTH) 4 DATE OF	e on each line. OH AS A CONSEQUENCY OH AS A CONSE	E OF): E OF): E OF): To of the under the un	CULLITE COLUMN COLUM	Part I. 24a. WAS AN PERFOI 1 YES 2 a Other (Specify) 28d. DESCRIBE HOW City or Yown, State, to the cause(a) and main time, data and place, as MBER	INJURY OCC	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO BURED Or Rural Route Number, ed. e cause(a) and manner as stated.		
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to contributing in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 VAN 1 VES 2 VES 2 VAN 1 VES 2 VAN	e on each line. OH AS A CONSEQUENCE OH AS A CONSE	E OF): E OF): The of the under the	CULLITE COLUMN COLUM	Part I. 24a. WAS AN PERFOI 1 YES :	INJURY OCC	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO SURED Or Rural Route Number, ed. e cause(a) and manner as stated.		
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions contributing to contributing in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	e on each line. OH AS A CONSEQUENCE OH AS A CONSE	E OF): E OF): E OF): To of the under the un	CUILT Per Lec Per Lec Acrine desired and place, and due linion, death occured at the Lec Acrine NOR COR Dec LICENSE NUL Por LICENSE NUL P	Part I. 24a. WAS AN PERFOI 1 YES 2 eck only one) a Other (Specify) 28d. DESCRIBE HOW City or Town, State, or to the cause(a) and main time, data and piece, as MBER 6 & 4	i AUTOPSY RMED? 2 LIND INJURY OCC and Number inner as state d due to th	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO EURED Or Rural Route Number, ed. e cause(a) and manner as stated.		

SIGN

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

OR ATTENDING PHYSICIAN: The law

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 curs after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. or hearint and mental hygiere prior to believe. Certabout, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this ce	be filed within 72 hours after death with	IMPORTANT: If item 28 is marked,

	1 - FOR STATE REGISTRAR	TATE OF MARYLAN	ID / DEPARTI			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			ME OF DEATH	
	Elizabeth	M. Zarhe				May 29	1990		м	
	4. SOCIAL SECURITY NUMBER 5. S		rrs. last birthday) II	UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTH	8. 8	HRTHPLACE	E (State or Foreign	
	たエノー)ヤーひたエリ	M 2½F 80	9 YRS.	DAYS DAYS	HOURS MIN.	(Month, Day, Year) 11-16-	1900 N		Land	
œ	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Belair Convalesarium Baltimore									
DIRECTOR	RESIDENCE OF DECEDENT	ESIDENCE OF DECEDENT								
E I	10a. STATE 10b. COUNTY		10c, CITY, 1	OWN OR LOCATI	ON		10d. INSIDE CITY LIMITS?			
	Md		Bal	timore	9	1			YES 2 NO	
¥	10e. STREET AND NUMBER			10f.	ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?	
삘	5603 Carter A				21206			S.A		
FUNERAL	11, MARITAL STATUS 1 Never Married 2 Married	WAS DECEDENT EVER IN U. FORCES? 1 \(\subseteq \text{YES} \)	S. ARMED			IIC ORIGIN? (Specify Ye n, Puerto Ricen, etc.)	n or No- 14.	RACE - Ar Black, Whit	narican Indien, le, atc.	
B _X		F YES, GIVE WAR OR DATE			2 NO Specify		1 3	Specify:		
	15. DECEDENT'S EDUCATIO	a) I 1	Ba. DECEDENT'S US	LIAL OCCUPATIO	M	16b. KIND OF BU	SINESS/INALIST		nite	
	(Specify only highest grade comp.	leted)	(Give kind of wor life. Do NOT use i	k done during mos etired.)	t of working	Too. KIND OF BO	31112371110031			
2	Elementary/Secondary (0-12) Col	llega (1-4 or 5+)				Но	m 0			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Homemaker				ME (First, Middle, Maiden	44.2			
	Harry Schaech	Man	y Sunder	lond						
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING A	DDRESS (Street as		Route Number, City or Tov		la)		
2	Mr. Harry W. Za	rhe	5603	Carte	er Ave	Balto	Md S	2720	6	
	20a. METHOD OF DISPOSITION	20b. P	LACE OF DISPOSIT				CATION — City			
	□ Burial 2 □ Cremation 3 □ Removal 1 □ Donation 5 □ Other (Specify)	rom Stale	ther place) Parku	rood Ce	emeterv		Balto.	Me	4.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	Æ	2 00 00 11	22. NAME AN	D ADDRESS OF FA	CILITY			2.1	
	Hoto bio					iller Fu				
-	23. PART I. Enter the disesses, or comp	lications that caused t	he deeth. Do not			ord Rd.			Approximate	
	ahock, or heart fallure. List				ac or aying, our		neloty altest,		Interval Between Onset and Death	
	IMMEDIATE CAUSE (Finel disease or condition	MADDI	40	AD 6	FST			ļ	Onset and Death	
	resulting in death)			11/21	-			-		
_	DUE TO (OR AS A CONSEQUENCE OF):									
ē	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): ARTITLIOSCUEROTIC CARDIO—									
SAT	cause. Enter UNDERLYING	HTERI	OSCCI	EKO	71 C	CATCO	10-)	
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):	>	2 40					
CERTIFICATION	resulting in death) LAST	VASCO	ICHIC		015					
	PART II. Other significent conditions co	ntributing to death but	not resulting in	the underlying	cause given in	Part I. 24s. WAS A	VPROTINI	24h WERI	E ALITOPSY FINDINGS	
PHYSICIAN: MEDICAL	DEME.	NTA	not reconting in		, codeo given in	PERFO	RMED?	HAMA	ABLE PRIOR TO PLETION DF CAUSE	
G						1 TYES	2 🗌 NO	OF D	EATH?	
Σ						_		1 📙	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (CA	neck only one)				
Sic	EXAMINER? HO	OSPITAL:	lant 3 🗆 DOA	THER:		8 Other (Specify)				
H	27. MANNER OF GEATH	28a. DATE OF INJURY	28b. TIME	OF 28c, INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED		
	1 Natural 5 Pending	(Month, Day, Year)	INJUI		RK? res 2 No					
В В	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY -	- Al home, farm, str	eet, factory, offic	•	28f. LOCATION (Street		Rural Route	Number,	
COMPLETED	4 Homicide determined	building, etc. (Specify	")			City or Town, State)			
H	29a. CERTIFIER CERTIFYING PHYSICIAN	. To the best of my knowled	dae deeth occurred	et the time date	and place, and thus	to the cause(s) and m	noner as stated			
MP	(Critical Orliny	n the basis of axamination a			70.			use(a) and	manner as stated.	
8	295. SIGNATURE AND THILE SO CERTIFIER	-	10,000 T. A. B.W.			ALTERES COMPANY	0116 5		1	
BE	1 / Rice	1	ma		29c, LICENSE NU	344	29d. DATE SI	12 (MON	190	
5	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETEO CALISE OF DEAT	H (ITEM 27) /Since 5	rint)	000-		/	1		
		and a or DEAT	(remer ary (syps), r	ny			,			
	31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGNAL	VINE							
	MAY 21 1990 July	Dangoon	7.11-							

811.

2.00

S, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ijury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filled within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTI CERTIFIC	MENT OF HEALTH AND I	MENTAL HYGIENI REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	Zenopia.		2. DATE OF DEATH MONTH DAY	28 ^{YE} 9	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIF	THPLACE (State or Foreign untry)				
	215-24-293	1 M 2 F YRS.	DAYS HOURS MIN.	9-16-1	90000	with Carolina				
۱ و	9a. FACILITY NAME (It not institution, give to	inel and number)	CITY, TOWN ON LOCATION OF DI		9c. COUNTY O	F DEATH				
	RESIDENCE OF DECEDENT	ine curv	TOWN OR DOCATION	01		10d. INSIDE CITY				
	MIDIN	J	a Itimo	10		LIMITS?				
1	10e. STREET AND NUMBER	an Sin III	101. ZIP CODE	7	10 CITIZEN O	г инят совитну				
משלו ו	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No.— 14. H	ADE -American Indian,				
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Mexico 1 YES 2 NO Specif		10	lask, White, etc.				
	15. DECEDENT'S EDU	CATION 160. DECEDENT'S US	BUAL OCCUPATION	16b. KIND OF BUS	INESS/INDUSTR	7				
2	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	k done during most el working etired.)							
OM C	17. FATHER'S NAME (First, Middle, Last)	1100.	22 WITE	ME (First, Middle, Maiden	Surname)					
	William	Flam	110	a Di	XX					
2	19a, INFORMANT'S NAME POPULATION	196, MAILING AI	DORESS (Street and Number or Rural	Route Number-City or Town	State, Zip Code	21210				
	20a. METHOD OF DISPOSITION	oval from Stata	ION (Name of cemeter), cromatory or	FA DU 1 200. LO	ATION - City o	r Town, Stata				
	4 Donation 5 Other (Specify)	- Paristol	A. NAME AND ADDRESS OF FA	101 24 1	Mar	1 and				
	21. SIGNAPORE OF FORERAL SERVICE LIC	SAL (C)	Os O	00(1)/1/200	, North	1/2/2/1/				
	23. PART I. Enter the diseeses, or	complications that caused the deeth. Do not	enter the mode of dying, suc	ch as cardiac or respi	ratory arrest,	Approximate				
	ehock, or heert feilure IMMEDIATE CAUSE (Finei	List only one ceuse on each line.	4			interval Between Onset and Death				
	disease or condition resulting in deeth)	. Sepsis 4 9	ne U Mohan			5-25-90				
_	DUE TO (OR AS A CONSEQUENCE OF): 1 10 10 10 10 10 10 10 10 10 10 10 10 10									
	Sequentielly list conditione, if eny, leeding to immediate ceuse. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):	chronic							
3	CAUSE (Disease or injury that initieted events	C. DUE TO (OR AS A CONSEQUENCE OF):	0.100							
Ę,	resulting in death) LAST	d. ASCUD								
7	PART II. Other significent condition	ne contributing to deeth but not reculting in	the underlying cause given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
MEDIC				1 _ YES 2	NO NO	OF DEATH?				
N: 2				_		1 Tyes 2 No				
PHISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (CA	heck only one)						
ה ב	1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJURY 28b. TIME	☐ Nursing Home 5 ☐ Residence OF 28c, INJURY AT	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW II	NJURY OCCURE	· · · · · · · · · · · · · · · · · · ·				
-	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJUI	WORK? M 1 YES 2 NO							
	3 Suicide 6 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY — At home, farm, str. building, etc. (Specify)	eel, factory, office	281. LOCATION (Street a City or Town, State)	and Number or Ru	rel Route Number,				
29a. CERTIFIER 1 M CERTIFICAL TO The house of the land										
2	anel -	ER: On the basie of examination and/or investigation,				se(a) end manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIE	R V	29c. LICENSE NU	MBER		NED (Month, Day, Year)				
0	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CHAPE OF PLATHLITEM 27) (Texas. J.	print) DALTZIAGOS	MD 01000		28 - 90				
	WILSON	Banda	BALTIMORE,	MD 21229						
	SI. DATE FILED (Month 99) (MY)	SAME STRAR'S SIGNATURE								

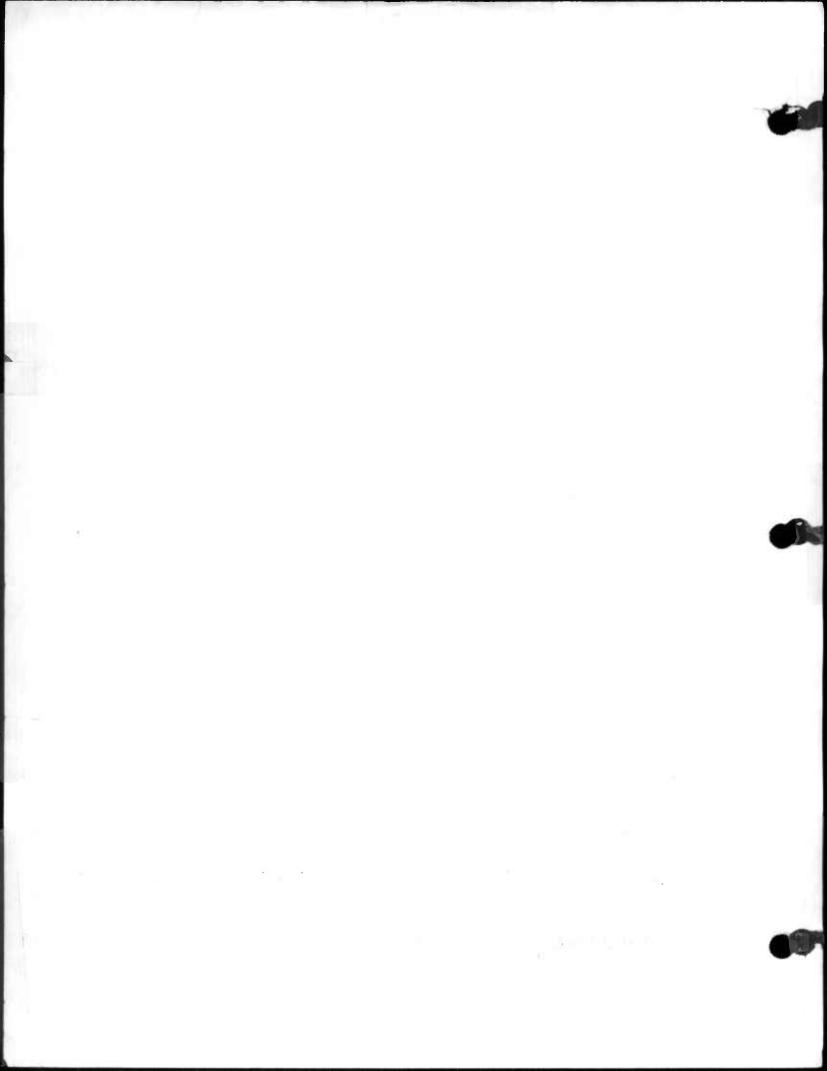
1 - FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

20		Peter 4. SOCIAL SECURITY NUMBER	Jose 5. SEX		Zukau In yrs. lest birthday)	SKAS	1 YEAR	IF UNDER	24 HRS.	0.5			BIRTHPLA	0:45 a
		015-20-4109	1 🔀 M 2 🗆 F		62 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, E	7/192		Country)	n Mass
3 should		9a. FACILITY NAME (If not institution, g	ive street and number)			9b. CITY	TOWN O	R LOCATIO	ON OF OEA		7 1 37	9c. COUNTY		
2, 3	OR I	Greater Baltin	nore Medica	l Ce	enter			To	wson				Balt	imore
	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COL			10c. CI1	Y, TOWN (R LOCAT	ION					100	1. INSIDE CITY LIMITS?
ft. Pag	BI	MD	Harford		Bel Air						YES 2 NO			
E	3AL	10e. STREET AND NUMBER		101. ZIP CO			ZIP CODE				10g. CITIZEN		COUNTRY?	
transit	FUNERAL	303 McCormick 11. MARITAL STATUS		EVER IN U.S. ARMED 13 WAS DECI				1014	C OBIGINS	Sanathy Van	U.S.A.			
burial-		1 Never Married 2 Married	EVER IN U.S. ARMED YES 2 NO R OR OATES 13. WAS DECEN If yes, speci			elfy Cubar		, Puerto Ric		a or No— 14. RACE — American Indian, Black, White, etc. Specify: White				
s the	BY	3 Widowed 4 Divorced	L GL	uard			747	.,,					hite	
or use as	TEC	15. DECEDENT'S (Specify only highest g	rade completed)	_	(Give kind of life, Do NOT u	work done	CCUPATIO	on st of workin	g	16b, K	IND OF BUS	INESS/INDUS	TRY	
of for	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 4 YIS.		Engine					N	.S.A.			
detach once.	COMPL	17. FATHER'S NAME (First, Middle, Last						18. MOTH			ldle, Meiden			
d be	ш		Paul Zuka	ausk	kas		_		Stel	lla	Soki	te		
5 sho	IO B	19a. INFORMANT'S NAME (Type/Print)					1					n, State, Zip Co		
age 5		Mrs. Peter J. Z	ukauskas	1 201	PLACE OF DISPO					T HII	, Md	. 210		Ctata
the funeral director, page wal. Nai. examiner must be		1 Buriel 2 Cremation 3 1 4 Donation 5 Other (Specify)	Ramoval from Stata	F	other place) Bel Air	Memo:	rial	Garo	dens					
		21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	1	301 /(11			ND ADDRES						
tuneral dir i. examiner		E. F. La	salve	0					L.F.La 11750 Belair Rd. Kings					21087
ne death centricate be executed within a cours are of the attending physician and completely filled in by the Mental hygiene prior to burial, cremation, or removal njury, or other traumatic event, the medical ex	ERTIFICATION	23. PART I. Enter the diseases, shock, or heert felli IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Mul- DUE TO (tipl or as a		Ma DF):	the mo	de of dyl	ing, such	n as cardia	c or respi	ratory arres	t.	Approximata Interval Between Onset and Deat 7/8/3
- 65 -	EDICAL CE	PART II. Other significant cond Hypertens	given in Part i. 24e. WAS AN AUTO PERFORMED			RMED?	ED? AVAILABLE PRIOR TO COMPLETION OF CAL							
23 by	N.		1								YES 2 NO			
N: The icate h State (SICIA	25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:	ER/Outs	petlant 3 \(\OOA\)	OTHE	R:			6 Other				
this certif with the rked, or	BY PHYS	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investiga	26e. DATE OF (Month, De	INJURY	26b. TI		28c. IN.	JURY AT ORK?				NJURY OCCU	REO	
TTEND TOR: A after d	ETED B	3 Suicide 6 Could no 4 Homicide determin	28e. PLACE Of building,	INJURY atc. (Spe	f — At home, farm c/fy)	, street, fac								te Number,
3 32 =	OMPL	Coneck only	PHYSICIAN: To the best of AMINER: On the basis of ax											nd manner se stated.
TO THE HOSP! TO THE FUNER be filed within	TO BE C	296. SIGNATURE AND TITLE OF CER	result:	PT	29c. LICENSE NUME D 1 46					23	29d. DATE SIGNED (M.			
	ĭ	30. NAME AND ADDRESS OF PERSO John Nesbitt		E OF DE	EATH (ITEM 27) (7)	oe, Print)								
		31. DATE FILED (Mooth, Day, Year)	30 PEGISTRA		ALL PARTY OF	k _y								
		A .	400			1.7					11 11			OHMH-16 Rev

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 90

2. DATE OF OEATH MONTH DAY



DHMH-16 Rev 1/89

OX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifi	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH REG. NO.	CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND	MENT	AL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest) JAMES GILBER	T ALT				2. DAT MON			YEAR	3. TIME OF DEATH	
Į.	4. SOCIAL SECURITY NUMBER 236-14-4472	1 × M 2 - F	n yrs. lest birthday) 75 YRS.		AYS HOURS MIN.	FEE	e of Birth oth, Day, Year)	915	WEST	VIRGINIA	
TOR	90. FACILITY NAME (If not institution, give a MEMORIAL HOSPITA RESIDENCE OF DECEDENT	· ·			ERLAND	EATH		9c. COUNT	EGAN		
DIRECTOR	10e. STATE 10b. COUNT	EGANY	10.77	TOWN OR I					10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 509 AVIRETT AVEN	UE		10f. ZIP CODE 21502			10g. CITIZEN OF WHAT COUNTRY?				
ΒY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yo	B DECENDENT OF HISPA es, specify Cuben, Mexic YES 2 NO Speci	an, Puerto		or No 1	4. RACE Black, Specify	- American Indien, White, atc. WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12)		16a. DECEDENT'S I (Give kind of w life. Do NOT use FACTOR	ork done duri retired.)	ng most of working		ELANCE			TION	
BE COMF	17. FATHER'S NAME (First, Middle, Lest) GLEN ALT		PACTUR	1 WUR	18. MOTHER'S N	AME (First	ELANES E Middle, Malden	Surneme)	<u>'UKA</u>	11011	
TO B	190. INFORMANT'S NAME (Type/Print) ARVELLA COX		409	LINDE	treet and Number or Rural N STREET-C	Route Nu	RLAND,	n, State, Zip C	2150		
	20g. METHOD OF DISPOSITION 1 \(\text{D} \) Burlel 2 \(\text{Cremetton 3} \) Rem 4 \(\text{Donation 5} \) Other (Specify) \(\text{Donation 5} \) 21. SIGNATURE OF FUNERAL SERVICE LI	noval from State	HILLCRES	T BUR		ACILITY	Cl	MBERLAND, MARYLAND L HOME, P.A.			
	- Hender n	Teachurch		2	02 GREENE	STRE	ET, CUN	1BERLA	ND,	MD 21502	
TION	23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart fellure. List only one ceuse on sech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO JON AS A CONSEQUENCE OF: Sequentielly list conditions,										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
MEDICAL	PERFORMED? 1 YES 2 NO								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	28. PLACE OF DEATH (C						
HYS	1 - YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outs	28b. TIM	OF 28	g Home 5 W Reeldence		her (Specify) ESCRIBE HOW II	NJURY OCCI	JREO		
ВУР	1 Natural 5 Pending 2 Accident investigation	(Month, Dey, Year)	INJI	М	WORK? 1 YES 2 NO	204 1/	OATION (On a		D - 10	No.	
TED	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Rou City or Town, State)									oute Number,	
COMPLETED	onel	SICIAN: To the best of my know ER: On the basis of examination								end manner ee stated.	
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	un !		29c. LICENSE NUMBER 29d. D					DATE SIGNED (Month, Day, Year)		
	DR. T WILLIAMS	Memorial	Hospital		cal Bldg.	Cumb	erland,	MD 2	2150	2	
	31. DATE FILED (Month, Day, Year) MAY 2 5 1990	32. REGISTRAR'S SIGN	IATURE								

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burible filled within 72 hours after death with the State Dept. of Health and Memtal Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
O THE FUNERAL DIRECTOR: After this certificate has been signed be field within 72 hours after death with the State Dept, of Health at MPORTANT: If Item 28 is marked, or Item 23 shows any
O THE FUNERAL DIRECTOR: After this certi e filed within 72 hours after death with the MPORTANT: If Item 28 is marked, or
O THE FUNERAL DIRI e filed within 72 hour MPORTANT: If Item
-0=

			_	4								
						Ö	0 14817					
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND	MENTAL HYGIEN REG. NO.	E						
	1. DECEDENT'S NAME (First, Middle, Last)			L OI BEAIT	2. DATE OF DEATH		3. TIME OF DEATH					
	Harry	O. Andrey	WS		May 19, 10	990	2.30 P M					
		5. SEX 6. AGE (In yrs.	last birthday) IF UND	R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.1	BIRTHPLACE (State or Foreign Country)					
	213-18-2793	1 2 M 2 □ F 70	YRS. MONTHS	DAYS HOURS MIN.	March 21 1		id					
	9e. FACILITY NAME (If not institution, give stre	et end number)	9b. CI1	Y, TOWN OR LOCATION OF D		9c. COUNTY						
P.	Frederick Memori	al Hospital	Free	derick		Frede	rick					
E	10e, STATE 10b, COUNTY	1	10c. CITY, TOWN	OR LOCATION			10d, INSIDE CITY					
DIRECTOR	Md Fred	derick	Frederic	ck			LIMITS?					
	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?					
FUNERAL	1790 Harvest Dri	VA		21701		11	ISA					
5	11. MARITAL STATUS	12. WAS DECEDENT EYER IN U.S. FORCES? 1 YES 2	ARMED 13	WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic		or No- 14.	RACE — American Indian, Black, White, etc.					
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TES 2 NO Spec			Specify:					
	15. DECEDENT'S EDUCA	ATION 16a	DECEDENT'S USUAL	OCCUBATION	16b. KIND OF BUS	INEGE/INDISES	White					
ETE	(Specify only highest grade of Elementary/Secondary (0-12)	completed)	(Give kind of work done life. Do NOT use retired.	during most of working	los kind of boo	MTC33/110031	nt.					
IPL	12	more sec	ocultant		Auto De	aler A	SSOC.					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		isur caric	16. MOTHER'S N	AME (First, Middle, Malden	Sumeme)						
BE (William	Androws		Votio	Chara							
0	19e, INFORMANT'S NAME (Type/Print)			SS (Street and Number or Rura			de)					
-	Harry O. Andrews			er Ave, Tows								
	20e, METHOD OF DISPOSITION 1											
	4 Donetion 6 Other (Specify)	INSEE Lat	NAME AND ADDRESS OF F	MOSC	OW M11	Is,Md.						
	1 Jans 5 2			Eichhorn-McKenzie Funeral Home								
-	23. PART / Enter the diseases, or co	Mere										
	ahock, or heart failure. L	ist only one cause on each if	ine.				Interval Between					
	IMMEDIATE CAUSE (Finel disease or condition	DESTILAT	wh A	00585			Onset and Death					
	reculting in desth)	DUE TO OR AS A CON	SEQUENCE OF:	0.0007								
7		DUE TO FOR AS A CONSCOUENCE OF DAVONDATIC CARBINOMA										
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE OF)	,								
8	cause. Enter UNDERLYING CAUSE (Disease or Injury											
표	that initiated events reaulting in desth) LAST	OUE TO (OR AS A CON	SEQUENCE OF):									
CER	d.											
	PART II. Other eignificent conditions	contributing to deeth but no	ot resulting in the t	inderlying cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO					
PHYSICIAN: MEDICAL					1 _ YES 2	1.7	COMPLETION OF CAUSE OF OEATH?					
ME							1 - YES 2 - NO					
ž												
5		HOSPITAL: N	ОТН	26. PLACE OF DEATH (C	theck only one)							
ΗXS	1 TYES 2 NO	1 Inpatient 2 ER/Outpatient 28e. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	6 Other (Specify) 28d. DESCRIBE HOW I	N ILIBA OCCID	ED.					
	Netural 5 Pending	(Month, Day, Year)	INJURY	WORK?	284, DESCRIBE HOW I	V/A	ED					
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY At	t home, farm, street, fa				Rural Route Number,					
TED	4 Homicide determined	building, etc. (Specify)	N/A	street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
PLE	290. CERTIFIER Check only	IAN: To the best of my knowledge,	, death occurred at the	Ilme, data end place, and du	e to the cause(e) end mai	nner ee stated.						
COMPLET	one)	t: On the basic of examination end					suse(e) end menner ee stated.					
	296. SIGNATURE AND TITLE OF CENTERER	0100000	7	29c. LICENSE N	UMBER	29d. DATE SI	GNED (Month, Day, Year)					
38 C	1111111	emmi	/	DZ	71,70	D 5	-19-90					
5	30. MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH /	ITEM 273 (Tena Drint)	1		4						

MAY 2 4 1990 32. REGISTRAR'S SIGNATURE

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Lists do

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMOHE, MARYLAND 21203-3146	MARYLAND 21203-3146
IN H. HUSHING PITSUING PITSUING IN SECURITY IN SECURIT	of February by the mosping on attending physicials.
10 THE FUNETAL UNEQUENCY, After this countries has been signed by the actioning projected and compress the contribution of removal. De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunfal, cremation, or removal.	to o strong or detaction to use as are outlear until position, ragion
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	notified at once.

FOR STATE REGISTRAR	STATE OF MA	CEI	KHIF	ICATE O	F DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle. Last)	na Maria A	nodaca					OATE OF DEATH	NY	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	and the same	AGE (In yrs. lest t	hirthday)	IF UNDER 1 YEA	R IF UNDER 24 H	RS 7 D	ATE OF BIRTH	7	A BIRTH	PLACE (State or Foreign	
579-86-5956	1 M 2 X F	29	YRS.	MONTHS DAY		IN. (Month, Day, Year)	1961	L961 Cuba		
9a. FACILITY NAME (If not institution, give	street and number)	number) , 9b. CITY, TOWN OR LOCATION					111. 25,	RC. COUN	TY OF D		
Shody Grove Adv		cuilly			MA	Atom	1 ma 0 (()				
RESIDENCE OF DECEDENT	37/12	Mongomery									
	STATE 10b. COUNTY 10c. CITY, TOWN OR									10d. INSIDE CITY LIMITS?	
10e. STREET AND NUMBER	ryland Montgomery							L 40- OITH	1 ☐ YES 2 🔀 NO		
2916 Hewitt Ave	nue		10f. ZIP CODE	906	,			THAT COUNTRY?			
11. MARITAL STATUS	12. WAS DECEDENT 8	EVER IN U.S. ARM	ED	13. WAS I	DECENDENT OF HI	ISPANIC O	RIGIN? (Specify Yes	-		- American Indian,	
1 Never Married 2 Married 3 Nicolary Married 2 Nicolary Married	FORCES? 1 [0	If yes	specify Cuben, M rES 2 NO S	exicen, Pu				, White, etc.	
15. DECEDENT'S ED		18a. DECI	EDENT'S	USUAL OCCUP	ATION		16b. KIND OF BU	SINESS/IND	USTRY		
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. E	Do NOT us	work done during se retired.)	most of working						
12		Но	ouse	wife			Owr	1 Home	e		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	'S NAME (F	First, Middle, Maiden	Surname)			
David Leon							Ruiz				
19a. INFORMANT'S NAME (Type/Print) Gregg A. Apodaca	ı						Number, City or Yow Spring,			20906	
20s. METHOD OF DISPOSITION 1 № Buriel 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	movel from State	20b. PLACE Of other place	FDISPO	sition (Name of	cemetery, cremetor	y or		ver S		wn, State	
21. SIGNATURE OF FUNERAL SERVICE I	icensee James	MO	0198	22. NAMI Robe	rt A. Pu	of facility imphr	ey Fune	cal H	ome/	Rockville	
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition										Approximate interval Between	
shock, or heert failure IMMEDIATE CAUSE (Final	a. Qa DUE TO (0 b. DALE DUE TO (0	on each line.	oth. Do o	AHS	mode of dylng,	such se		iratory err	est,	Approximate Interval Betwee Onset and Deal	
shock, or heert feilure IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (O b. DUE TO (O c. DUE TO (O	ON BOOK IND.	UENCE O	not enter the	Cer	such se	Cerdiac or reep	Ne ef.	Fau	Approximate Interval Betwee Onset and Deat	
shock, or heert failure IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	a. Due to (o) b. Due to (o) c. Due to (o) d.	ON BOOK IND.	UENCE O	not enter the	Cer	y con in Part	L C ** 3 C 1. 24a, WAS AN PERFO	Ne ef.	Fau	Approximate Interval Between Onset and Deat Deat Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat	
shock, or heert feilure IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions	a. DUE TO (O b. DUE TO (O c. DUE TO (O	ON BOOK IND.	UENCE O	in the underl	mode of dying, Cer Sure	9 (en in Part	i. 24a, WAS AN PERFOI	Ne ef.	Fau	Approximate Interval Betwee Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Ons	
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shock, or heert failure immediates or condition reculting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are under the cause. The conditions is a significant condition of the cause. The cause of the cause of the cause. The cause of the c	a. DUE TO (O b. DUE TO (O c. DUE TO (O d. DU	e on eech line. Left As A CONSEQUENT AS A CON	UENCE O DOA 28b. Till IN. ne, farm,	ont enter the	work of dying, Control Contr	H (Check o	I. 24a. WAS AN PERFOI 1 TYES: II. VES: II. VES: II. VES: II. VES: II. VES: II. VES: III. VES	I AUTOPSY MEO? I AUTOPSY MACO? INJURY OCI and Number Inner as state d dua to the	24b CURED or Rural I	Approximate Interval Betwee Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ti	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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												90) 1401	7
	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND /		TMENT				MENTA	L HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) David	Joseph	J.	Ans	boro	, Jr			2. DATE MONT	05/14	⁷ 90	YEAP	3. TIME OF DEATH 1:25a	м
	4. SOCIAL SECURITY NUMBER 579-14-0465	5. SEX 1 M 2 F	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE	OF BIRTH		Count	BIRTHPLACE (State or Foreign Country) GA	
	9e. FACILITY NAME (# not # 1 non, give str		<u> </u>		9b. CITY	TOWN O	R LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATH	
8	Anne Arundel Me		Annapolis					Anne Ai			Arundel			
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY AND	1	10c. CIT	Annapolis							10d. INSIDE CITY LIMITS? 1 YES 2 NO			
ERAL	100. STREET AND NUMBER Tre	e Drive			101. ZIP CODE 21401					10g. CITI	J.S.A	WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olivorced 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					f yea, spe		n, Mexica	n, Puerto	N? (Specify Yea Rican, etc.)	or No—	14. RACI Blac Spec	E.— American Indian, ik, White, etc.	
요	15. OECEDENT'S EDUC (Specify only highest grade of				USUAL O				18b	. KIND OF BUS	INESS/INC	USTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	·) life.	Do NOT u	se retired.)	uurng mo	St OF WORK	NO.						
M	12	4		Sales	3				\perp	Juveni		'urni	iture	
	17. FATHER'S NAME (First, Middle, Last) David J. Ansbor	0 62					3000	ne F		Middle, Maiden	Sumame)			
띪	19a. INFORMANT'S NAME (Type/Print)	0, 51.	401	MAN INC	ADDRESS	2 (Otmost o				umber, City or Town, State, Zip Code)				
일	Mrs. Lucille An	sboro								Annapo]			D 21401	
	20a. METHOD OF DISPOSITION		20b. PLACE	OF OISPO			_	_					own, Stata	_
	1 Burial 2 Cremation 3 Remo	val from State	St.	Mary	r's C	eme t	ery			Anna	poli	s, N	1D	
	21. SIGNATURE OF FUNERAL SETVICE LIC	ENGEE			1		D AOORE			495 F				
	Kapers -	K2-	/	/	Ba	rrar	nco F	uner	cal F	Home Se	evern	a Pa	ark MD 2114	16
	23. PART i. Effect the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximate													
	shock, or heart fallure. List only one cause on each line.													
	disease or condition resulting in death) s. Metastata Colon Cancer.													
		OUE TO	(OR AS A CONSEC	UENCE C	F):									
8	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	If sny, leading to immediate cause, Enter UNDERLYING	00E 10	(UN AS A CONSEC	IOENCE O	r):								j	
윤	CAUSE (Diseasa or injury that initiated events	DUE TO	(OR AS A CONSEC	UENCE C	F):				_					
토	resulting in death) LAST	ı												
1 - 1	PART II. Other significant conditions	s contributing to	death but not n	eauiting	in tha ur	nderiving	a cause	given in	Part I.	24a, WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDING	GS
EDICAL	11.00									PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
				-						1 TYES 2	□ NO		OF DEATH?	
Σ														
CIAN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	DEATH (Ch	eck only o	ne)				
1 20 1	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetlant 3	□ DOA	4 Nu		10 5 □ R	esidence	6 🗆 Oth	er (Specify)				
у РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, L		26b. TII	ME OF JURY M		PRK?	NO	26d. DE	DESCRIBE HOW INJURY OCCUREO				
red BY	2 Accident 3 Suicida 6 Could not be datarmined	restigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. Li								LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	_											(s) and manner as stated.	ı.
ш	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 29d. DATE SIGNED (Moreth, Day, Year)										_			
0 B	J MWW	1 VVC	wan.	/VI.	()		00	138	36		•	5-	14-90	

HART RING GERMANNESS AND

TO BE COMPLETED BY FUNERAL DIRECTOR

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director,	h the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	and the medical arms in the profiter framework are made available and the metical
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF MARY					EALTH AND N	MENTA	L HYGIENE			
1. DECEDENT'S NAME (First,	Middle, Last)							2. OATE	OF OEATH	,		. TIME OF DEATH
ROGER		ALEN		5	SHERM			5	11		90	5:40 P M
4. SOCIAL SECURITY NUMB		5. SEX 6. AC	iE (In yrs. last 48		IF UNDER 1	YEAR DAYS	HOURS MIN. 7. DATE OF BIRTH (Month, Day, Year) 42			, '	Country)	ACE (State or Foreign
9a. FACILITY NAME (If not in:			40		9h CITY	TOWAY O	R LOCATION OF OE		1 1 9 / 4 2	9c. COUNT	Ohi	**
206 Kathle	_			ľ			rna Park			Anne		
RESIDENCE OF DEC	EDENT											
MD	Anne	Arundel			, town of Vern						- 1	0d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 206 Kathleen Ave. 107. ZIP CODE 21146 108. CITIZEN OF WHAT COUNTRY? U.S.A.												
11. MARITAL STATUS		12. WAS DECEDENT EVE	R IN U.S. AR	MEO			ENDENT OF HISPAN			or No — 1	4. RACE -	- American Indian,
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White, etc. Specify: White						White						
	EDENT'S EDUC		16a. DE	CEDENT'S L	USUAL OC	CUPATIO	N st of working	161	. KIND OF BUS	INESS/INOU	STRY	
Elementary/Secondary (0		College (1-4 or 5+)					sultant		Self En	nploye	ed	
17. FATHER'S NAME (First, M	iddle, Last)						16. MOTHER'S NA	ME (First,	Middle, Maiden S	Surname)		
Harold		S	herma	n			Mary					
19a, INFORMANT'S NAME (7		1					nd Number or Rural I					
Mrs. Susan F					_		Ave. Seve	erna				
20a. METHOD OF DISPOSIT 1 M Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	on 3 🗆 Ramo	eval from Stata	other pir	ece)			netery, cremetory or al Cemete	ery	17.00	ation - a ingtor		
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22. N	AME AN	ID AODRESS OF FA	CILITY	49	95 Rit	tchie	Hwy.
	U.	Bassin			Ba.	rrar	nco Funei	ral I				k MD21146
23. PART i/Enter the d shock, or IMMEDIATE CAUSE (Fir disease or condition resulting in desth)	aart fallure. I	lat only one cause o	scler	otic	Card		ascular		•	atory site	st,	Approximats Interval Between Onset and Death
Sequentielly list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Inju- thst initieted eventa resulting in death) LAS	diate iNG iry	OUE TO (OR A										
PART II. Other significa	ent condition	s contributing to deat	h but not i	resulting i	n the unc	deriying	g cause given in	Part I.	24a. WAS AN PERFOR 1 X YES 2	MED?		VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XX YES 2 NO
25. WAS CASE REFERRED T	TO MEDICAL I					00.00	ACE OF DEATH (C)					
EXAMINER?	O MEDICAL	HOSPITAL:	Outpottent 9		OTHER	:	ACE OF DEATH (Ch					
27. MANNER OF OEATH		1 Inpatient 2 ER/	RY	28b. TIM	E OF	28c. INJ			SCRIBE HOW II	NJURY OCCI	UREO	
XXXXNetural 5 2 Accident	Pending Investigation	(Month, Day, Ye		- 12	URY M	1 🗆 '	PRK? YES 2 NO					
3 Suicide 8 4 Homicide	Could not be detarmined	28s. PLACE OF INJ building, atc.	Specify)	eme, farm, s	street, facto	ery, offic	•	29f. LO City	CATION (Street a y or Town, State)	nd Number o	or Rumal Ro	ute Number,
CONSCINUTE TO THE STATE OF THE		CIAN: To the best of my in										and manner as stated.
29b. SIGNATURE AND TITLE			Λ.				29c. LICENSE NU					Month, Day, Year)
Kown	te A	re Yhel	K.				OCMI			•	5-13	
30. NAME AND ADDRESS O Margarita A						1 P	enn Stre	et,	Baltim	ore,	MD	21201 vl
31. DATE FILED (Month, Day,		32. REGISTRAR'S	BIGNATURE	2000		_						

hours after dea
be fied within 72 hours after death with the State Dept. of Health and Mental Hyplene prior to burial, cremt IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event,

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	RTMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lirst) HENRY KATIE	ALTHEA		2. DATE OF DEATH	3. TIME OF DEATH 6:00 a.m. M				
	217.30.9752	SEX 6. AGE (In yrs. last birthday) M 2 XF 55 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	(Month, Dey, Year) 11 18 39	BIRTHPLACE (State or Foreign Country)				
OR	JOHNS HOPKINS H		BALTIMORE CITY		MORE CITY				
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	3 A 10c. CIT	ry, town on Location		10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER		101. ZIP CODE	10g. CITIZER	1 KYES 2 NO				
FUNERAL	2.4	2. WAS DECEDENT EVER IN U.S. ARMED			RACE — American Indian, Black, White, etc.				
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuban, Maxic. 1 YES 2 NO Speci		Specify: B/K				
COMPLETED	15. DECEDENT'S EOUCAI (Specify only highest grade co- Elementary/Secondary (0-12)	mpleted) (Give kind of life. Do NOT L	S USUAL OCCUPATION work done during most of working use retired.) PSFLC	16b. KIND OF BUSINESS/INDUS	TRY				
OMP	17. FATHER'S NAME (First, Middle, Last)	000		AME (First, Middle, Maiden Surname)					
BEO	Coeurge 6	rottin		ory H	endy				
2	19a. INFORMANT'S NAME (Type/Print) MOYG	(Au)	G ADDRESS (Street and Number of Hural	Route Number, City or Town, State, Zip Co	200				
5	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remove 4 Donation 8 Other (Specify)	al from State other place)	SITION (Name of cometery, crematory or	20c. LOCATION — CIT	y or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICEN		22. NAME AND ADDRESS OF F	ACILITY	- /				
	Leave	Max hull	319 D	ver st.	Toolon mol				
	ahock, or heart failura. Lie	mplications that caused tha death. Do st only one cause on each line.	not enter the mode of dying, su	ch as cardiac or respiratory arres	t, Approximate Interval Between Onset and Death				
	IMMEDIATE CAUSE (Final disease or condition reauting in death)	SEPSIS		and the second lane and the second lane	IDAY				
_	OUE TO (OR AS A CONSEQUENCE OF): HEPATIC FALURE 3 DAYS								
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Sequentially list conditions, If any, leading to immediate							
CERTIFICATION	CAUSE (Disease or Injury that Infilated events resulting in daath) LAST	OUE TO (OR AS A CONSEQUENCE	OF);						
AL CE		contributing to death but not resulting		Part I. 24a. WAS AN AUTOPSY PERFORMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
	Hunan in	MUNDESTICIENCY VIR	US INFERDEN	1 U YES 2 NO	COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: MEDIC	PANCYION	£,017		_ ' '	1 TYES 2 NO				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C	Theck only one)					
HYS	1 YES 2 NO	1 Impatient 2 ER/Outpatient 3 DDA 28s. DATE OF INJURY 28b. Ti	4 Nursing Home 5 Residence	ca 8 Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED					
ВУ Р	Netural 5 Pending Investigation		M 1 YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY — At home, farm building, etc. (Specify)	rm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)						
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
TO BE C	296 QNATURE AND TITLE OF CENTIFIER	craste un	29c, LICENSE N	UMBER 29d. OATE 5	SIGNED (Month, Day, Year)				
ר	DOWNED TO DE		V. WULFE ST	BALT. MO	71205				
	NAY 15 90	32. REGISTRAR'S SIGNATURE	dalla.						

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flor death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
j	1. DECEDENT'S NAME (First, Middle, Last)	A LAND CO COM A CO	2. DATE OF DEATH

	nediatrion		OLITTI		0		HEG. NO	•		
	1. DECEDENT'S NAME (First, Middle, Last) JAMES EDWARD	D ANDERSON	An	derse	m		2. DATE OF DEATH MONTH D	AY 1990		
	4. SOCIAL SECURITY NUMBER 5. S	EX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BI						42 8. BIRTHPLACE (State or Foreign Country)		
	9a. FACILITY NAME (If not institution, give street a			9h. CITY. T	OWN OR LOCA	TION OF DE		9c. COUNTY O		
E I										
DIRECTOR	Peninsula Separal Ho	spital		Salie				Wicomi		
	10a. STATE 10b. COUNTY			TY, TOWN OR			4		10d, INSIDE CITY LIMITS?	
	100. STREET AND NUMBER	2 ico		alist	101, ZIP CO	DE	land	10a. CITIZEN O	YES 2 NO	
FUNERAL	713 N. Westone	200				2081	20	11		
S	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S	ARMED				NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No- 14, R	ACE — American Indian, lack, White, alc.	
BY F		IF YES, GIVE WAR OR DATES			YES 2 NO				pootty: black	
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	IN 16	. DECEDENT'	S USUAL OCC	UPATION	hina	16b. KIND OF BU	SINESS/INDUSTR	Y	
COMPLETED	Elementary/Secondary (0-12) Co	Hege (1-4 or 5+)			Sous		Cene	ral buc	2.7	
OMP	17. FATHER'S NAME (First, Middle, Last)				,		ME (First, Middle, Malder		,,,,	
BE C	Edward Ande	rson		127	3	sall.	ie Ander.	son		
TOB	19a, INFORMANT'S NAME (Type/Print) Ethal Cl-	in ton	196. MAILIN	L3 N.	Street and Numb	Der or Rural	Dr., Sal-	ishury,	(AD 2.80)	
	204. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal 4 Donation 5 Other (Specify)				of cometery, cr			lestou		
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY									
	Fooks F. M. 1574 West Rd, Salisbury MD									
No	23. PART Letter the diseases, or complications that caused that death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) e. Heart Acouse Ori: Due to (Grass a Conseduence Ori: Due to (Grass a Conseduence Ori:									
CERTIFICATION	Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST									
MEDICAL	PART II. Other algnificant conditions co	ntributing to deeth but	not resulting	in the und	erlying cause	given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 ND	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? AND SELECT SERVICE OF DEATH (Check only one)									
YSI	1 YES 2- ND 1 Propellant 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
ВУ РН	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 12b. TIME OF INJURY AT WORK? 1 Natural 5 Pending Investigation 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO									
ED	3 Suicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 25f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLET	29e. CERTIFIER (Check only One) 1 CERTIFYIND PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
BE	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)							NED (Month, Day, Year)		
- To	30. NAME AND ADDRESS OF PERSON WHO CO		(ITEM 27) (Ty)	oe, Print)	1			1		
0	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATE		-						
	MAY 1 1 '90	La Vaintson	Andise							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

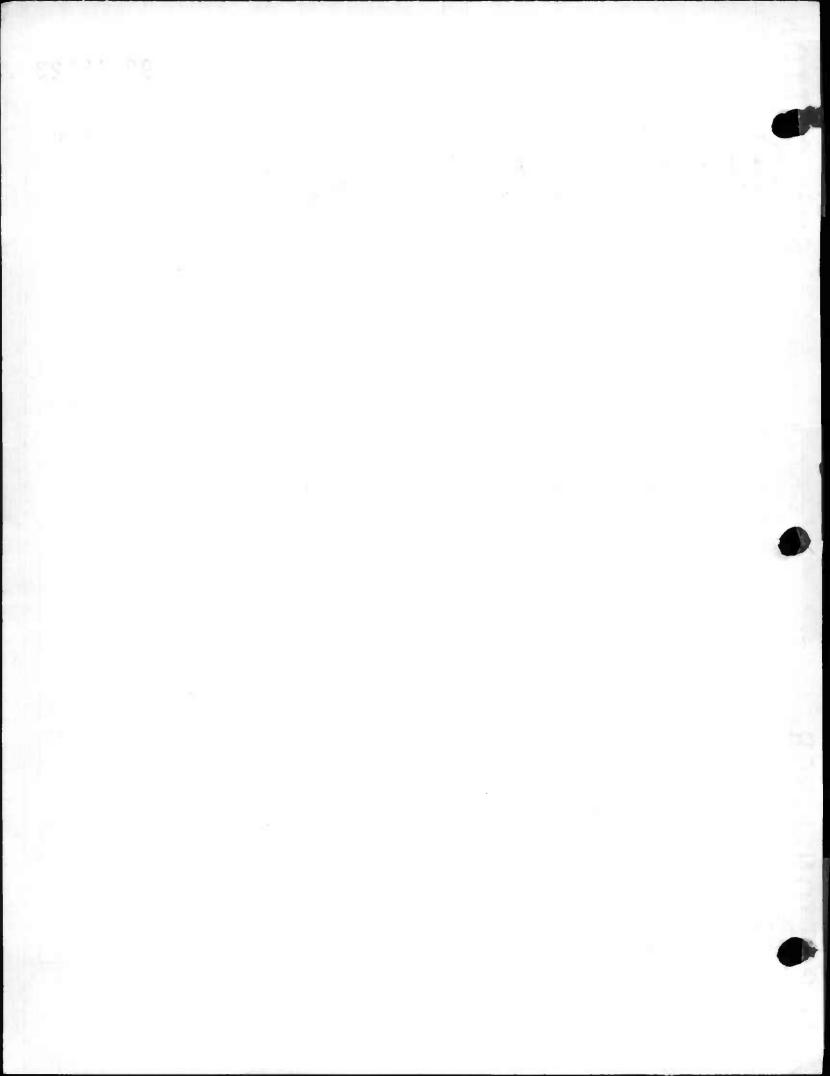
	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) MARTHA B. ALLOER 2. DATE OF DEATH MONTH 05 - 14 - 90 940 PM									
	4. SOCIAL SECURITY NUMBER 6. SEX 6. SEX 6. SEX 6. SEX 6. AGE (In yrs., lest birthdey) 6. OYRS. 6. SEX 6. SEX 6. AGE (In yrs., lest birthdey) 6. OYRS. 6. SEX 6. AGE (In yrs., lest birthdey) 6. OYRS. 6. AGE (In yrs., lest birthdey) 6. OYRS. 7. DATE OF BIRTH (Month, Dey, Yegr) 6. OHIO OHIO									
TOR	9a. FACILITY NAME (If not institution, give street and number) ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS RESIDENCE OF DECEMENT 9c. COUNTY OF DEATH ANNE ARUNDEL ANNE ARUNDEL									
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD. ANNE ARUNDEL EDGEWATER 1 VES 2 NO									
FUNERAL	100. STREET AND NUMBER 930 EDGEWOOD ROAD 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? U.S.A.									
В	11. MARITAL STATUS 1									
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) BOOKKEEPER TECO CONSTRUCTION									
OM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)									
BE C	DONALD L. BLAIR MARGARET MORROW									
	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stale, Zip Code)									
2	WILLIAM R. STROUP 303 CARELTON LANE, MT. LAUREL, N.J. 02045									
	20s. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremation 3 □ Ramoval from Stats 4 □ Donation 5 □ Other (Specify)									
	22. NAME AND ADDRESS OF FACILITY 500 UNIVERSITY FRANCIS J. COLLINS, JR. BLVD. WEST. SILVER SPRING. MD. 20001									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate interval Between Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Approximate interval Between Onset and Death of the Consequence of the									
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
DICAL	PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
PHYSICIAN: ME	1 Tes 2 No									
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
	1 YES 2 NO									
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and placa, and dua to the cause(s) and manner as stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 5 (License Number)									
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
	DR. JACOB E. TEITELBAUM 139 OLD SOLOMONS RD., ANNAPOLIS, MD 20401									
	31. DATE FILED (MONTH), Day, Year) NAV 18 90 32. REGISTRAR'S SIGNATURE Fishe Davidson-Randone									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four safer death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	(
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-traveit permit. Pages 1, 2, 3	Jane 1
be filed within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to burial, cremation, or removal.	
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	ERTIFICATE	OF DEAT	H		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGI					
	1. DECEDENT'S NAME (First, Middle, Last)		100			2. DATE OF OEAT	1	3. TIME OF OEATH			
- 1	Emma T. Anderson					May 16		9:30 A M			
. 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8	8. BIRTHPLACE (State or Foreign			
	056-01-3801	1 M 2 XF	87 YRS.	ONTHS DAYS	HOURS MIN.	Month, Day, Year Dec. 19	1902	New York			
DIRECTOR	15312 Narcissus V			Rockv				tgomery			
EC	10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY			
#	New York Sun	ffolk	Har	mpton Ba	1776			1 TES 25(X) ND			
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?			
FUNERAL	6 Stonywall Court	t			11946		Unit	ted States			
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPAN	IC DRIGIN? (Specify		14. RACE American Indian.			
E	1 Never Married 2 Married	FORCES? 1 YES			city Cuban, Mexican 2 XNO Specify.)	Black, White, etc. Specify:			
BY	3 XWidowed 4 ☐ Olvorced							White			
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	SUAL OCCUPATION	N at of working	16b. KIND OF	BUSINESS/INDU	ISTRY			
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during mo- retired.)							
MP	12	-	Book	keeper			N.E.X.	•			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Me					
88	Francesco Calabre	ese				rite Rei					
6	19a. INFDRMANT'S NAME (Type/Print)				nd Number or Rural R						
- 1	Robert F. Mascari							land 20853			
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	oval from State	other place)					City or Town, State			
	4 Donation 5 Other (Specify) Good Ground Cemetery Hampton Bays, New York 21. SIGNATURE OF FUNERAL SERVICE LICENSEE										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Fu Home/ Bethesda-Chevy Chase, Inc. 75 Wisconsin Avenue, Bethesda, Marylan 20814-3501							, Maryland			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, Approximate										
	ahock, or heart failure. List only one cause on each line. Interval Bet IMMEDIATE CAUSE (Final										
	disease or condition	STATIC	CARC	3 month							
	resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):										
z	disease or condition resulting in death) a. METASTATIC CARCINOMA DUE TO (OR AS A CONSEQUENCE OF): COLON CANCER 4 YEAR 4 YEAR										
CERTIFICATION	Sequentiary list continuous, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate										
2	CAUSE (Disease or Injury										
	that initiated events resulting in death) LAST										
ij		d.									
CAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WA							24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
8			1 YES				COMPLETION OF CAUSE OF DEATH?				
ME					_		1 _ YES 2 _ NO				
ż											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
1SI	1 TES 2 NO	1 Inpatient 2 ER/Outs		OTHER: 4 Nursing Hor	e 5 Residence	8 - Other (Specify,					
PHYSICIAN: MEDI	27. MANNER OF OEATH Netural 5 Pending	28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME		URY AT RK?	28d. DESCRIBE H	OW INJURY OCC	URED			
BY	Natural 5 Pending Accident Investigation				res 2 No						
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							or Rural Route Number,			
COMPLETE	29a. CERTIFIER										
MPI	(Check only	ER: On the best of my know						ed. e cause(a) and menner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE NUR			SIGNED (Month, Day, Year)			
8			0								
2	30. NAME AND ADDRESS OF PERSON-WI	HD COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type,	Print) 10 V	O CALL	NETTEN	AUF				
	EUJENE t	· LibrE	MD	IX	ENSIN	1700	MD	20815			
	31. DATE FILL MAINTY DON HANDS										

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach he find within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BE COMPLETED BY PHY

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27. MANNER OF DEATH

Netural

Netural

Coldent

Suicide

4 Nomicide

) 1	J	14020
	FOR STATE REGISTRAR		STATE OF M		DEPAR ERTIF					MENTAI	HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Mid	idle, Last)			10					2. OATE	OF OEATH		YEAR	3. TIME	E OF OEATN
l	VIRGIE ARVE	ETTA A	ANDERSON	(A.K.A.	Verg-	ie Ar	ette	Ander	rson)	05	- 24 -			3:	34 P.M.
ì	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. la	st birthday)	F UNDER 1 YEAR IF UNDER 24 HRS. 7. OATE			OF BIRTN n, Day, Year)		6. BIRT	HPLACE (State or Foreign		
	234402994	2994 1□ M 2 X□ F 63 YRS					DAYS	HOURS	MIN.		27-26	WEST VIRGINIA			
	9e. FACILITY NAME (If not institution, give street and number)						,		ON OF DE			9c. COI	. COUNTY OF DEATH		
FUNERAL DIRECTOR	SACRED HEART HOSPITAL					CU	MBER	LAND				ALLEGANY COUNTY			
Ä	10a. STATE 10	b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. IN	SIDE CITY MITS?
5	WEST VA	MINE	RAL		R	IDGE	_EY								ES 2 NO
A	10e. STREET AND NUMBER						101	. ZIP COD	Ε			10g. CI	TIZEN OF	WHAT CO	DUNTRY?
띫	ROUTE 28							267	53			I	SA		
ĭ E	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						If yes, sp	ecify Cubi	OF NISPAN an, Maxica Specify	n, Puarto I	i? (Specify Yea Rican, etc.)	or No-		CE — Ame ck, While, city: W	rican Indian, etc. HITE
	15. DECEDE			16a, D	ECEDENT'S	USUAL O	CCUPATIO	ON at of work	ina	16b	KIND OF BUS	BINESS/IN	DUSTRY		
COMPLETED	(Specify only highest grade completed) (Give kind life. Do NO life						during mo	SI OF WORK	···y						
를	9	HOMEN	MAKER HOME												
ا بَرَ	17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname)														
P.E.	CHARLES D.	SPE	NCER		_			IE	DA B.	MAR	TIN				
면 일	19a. INFORMANT'S NAME (Type/			11	96. MAILING	ADDRES	S (Street a	nd Numbe	r or Rural I	Poute Num	ber, City or Town	n, State, Z	ip Code)		
٦	PAUL ANDERSON P.O.					BOX	768	-FT.	ASH	BY,	WV 26	719			
	20e. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removel from State 20b. PLACE OF DISP					SETION (N	ame of ce	netery, cre	matory or				- City or 1		
Į	4 🗋 Donation 5 🗆 Other (Specify)				FT. ASHBY CEMETERY						FT.	ASHE	3Y, V	VEST	VIRGINI
	21. SIGNATURE OF FUNERAL S	ERVICE LICI	ENSEE			22. HAME AND ADDRESS OF FACILITY FT. ASHBY FUNERAL HOME, INC.									
	Dandy.	8	Locheo	1041		P.O. BOX 1260-FT. ASHBY, WV 26719									
\neg	23. PART I. Enter the disea		omplications that	t caused the d										1/	Approximate
	shock, or hear IMMEDIATE CAUSE (Final	t fallure. L	list only one cau	se on each lin	10.			_		,					ntarval Between Onset and Death
	disease or condition		Mot	asta	tin	On	+ (Pol	1 /	an	CINOR	nA		İ	10 ma
- 1	resulting in deeth)	a	DUE TO	(OR AS A CONSI	EOUENCE C		1 \			VII	CITOUT			-	0 1110
_															
<u>ō</u>	Sequentielly list condition if any, leeding to immediate		DUE TO	(OR AS A CONSI	EOUENCE (DF):									
8	ceuse. Enter UNDERLYING														
Ĭ.	CAUSE (Disease or injury that initiated events		DUE TO	(OR AS A CONSI	EQUENCE C	OF):									
	resulting in death) LAST		ı												
ರ	PART II Other significant	conditions	a contribution to	death but not	reculting	in the "	nderiula	n ceue-	alves Is	Part I	24e, WAS AN	AUTOBES	, 1	h Wepe	AUTOPSY FINDINGS
₹	INAPOON	PO 1/				F TO OAL					PERFOR	RMED?	` ·	AVAILA	BLE PRIOR TO ETION DF CAUSE
희	11-111-60	1011	110 110	111 -36		1 TYES					1 YES 2	NO		OF DE	ATH?
SICIAN: MEDICAL CERTIFICATION														1 🗍 Y	ES 2 DINO
Ä	DE MINO DADE DEFENDED TO	EDICA: T					8- 5	ACE OF	DEATH #	ant sate					
ᅙ	25. WAS CASE REFERRED TO M EXAMINER?	IEDICAL	HOSPITAL:			OTHE	R:		DEATN (Ch						
S	1 TES 2 NO		15 Inpatient 2	ER/Outpetient	3 LI DOA	4 - Nu	rsing Hor	10 5 🗆 F	Rasidence	8 Oth	or (Specify)				

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

28b. TIME OF INJURY

investigation, in my opinion, death occured at the time, data and place, and due to the cause(a)

28c. INJURY AT WORK?

1 YES 2 NO

26d. DESCRIBE NOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

12

6

5

29c. LICENSE NUMBER CAUSE OF DEATN (ITEM 27) (Type, Print)

28a. DATE OF INJURY (Month, Day, Year)

912 SETON DRIVE, CUMBERLAND, M.D., BMG, MARYLAND 21502

32. REGISTRAR'S SIGNATURE

MAY 2 9 1990

DR. PAUL LIVENGOOD

5 Pending Investigation

6 Could not be determined

STATE OF	MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	ГН		DEG NO

	1 - FOR STATE OF REGISTRAR		MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)	1 -		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF PEATH				
	HENRY S		IGND	5 7	90 7 M				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F		FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLACE (State or Foreign Country)				
RO	98. FACILITY NAME (If not institution, give street and number) REGENCY HEAITH	Services.	D. CITY, TOWN OR LOCATION OF DE		COUNTY OF DEATH				
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		TOWN OR LOCATION	1 CONTROL					
DIRECTOR	Md. P.G.		nton		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ★ 100				
	10e. STREET AND NUMBER	011	101. ZIP CODE	10g.	. CITIZEN OF WHAT COUNTRY?				
FUNERAL	6912 Danford Drive		20735		United States				
2	FOROTOR	NT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica		0— 14. RACE — American Indian, Black, White, atc.				
BY		WAR OR DATES	1 TESX NO Specifi		Specify: White				
COMPLETED	15, DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US (Give kind of wor	k done during most of working	16b. KIND OF BUSINES	S/INDUSTRY				
1	Elementary/Secondary (0-12) College (1-4 or 5			Solf o	mployed				
M	12 O	Taxi I		ME (First, Middle, Melden Surne					
	George W. Sabre			own Mott					
TO BE	19a. INFORMANT'S NAME (Type/Print)		DDRESS (Street and Number or Rural	Route Number, City or Town, Stat	le, Zip Code)				
F	Robert Fairchild	Same	as 10a-10f.						
	20a. METHOD OF DISPOSITION 1 Burlal 2 Coremation 3 Removal from State 4 Donation 5 Other (Specify)	other place)	ON (Name of cometery, crematory or e Crematory		ATION — City or Town, State Linton, Md.				
	22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, I 6633 Old Alexander Ferry Road Clinton, Maryland 20735								
	23. PAll 1. Enter the diseases, or complications the	at caused the death. Do not							
	shock, or heert failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Charic of may finisher. Sequentially list conditions, Due to or as a consequence of):								
	DUE T	O (OR AS A CONSEQUENCE OF):	2 ' 4 / 4 ' 4	14.	7				
ON									
CAT	If eny, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disesse or Injury that Initiated events resulting in death) LAST	O (OR AS A CONSEQUENCE OF):							
ER	d								
AL C	PART II. Other significent conditions contributing to	the same of the sa		Part I. 24s. WAS AN AUTO					
	Sen	ile Demens		1 _ YES 2 _ N	COMPLETION OF CAUSE				
PHYSICIAN: MEDIC	- Ou	execulisis			1 TYES 2 NO				
AN	or was case perference to wellow			<u> </u>					
ICI.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpution 2		26. PLACE OF DEATH (C)						
HYS	27. MANNER OF DEATH 28a. DATE (OF INJURY 28b. TIME		28d, DESCRIBE HOW INJUR	Y OCCURED				
ВУ Р	1 Natural 5 Pending	Day, Year) INJUI	WORK? M 1 YES 2 NO						
	3 Suicide 200 ALACE	OF INJURY — At home, farm, atr g, etc. (Specify)	eet, factory, office	281. LOCATION (Street and Ni City or Town, State)	umber or Rural Route Number,				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basis of								
	29b. SIGNATURE AND TITLE OF CERTIFIER	1	29c. LICENSE NU		1. DATE SIGNEQ (Mogth, Day, Year)				
TO BE	2.8	an ford your	8 009	3610	5/8/90				
 	30. NAME AND ADDRESS OF PERSON WIND CONFLETED CA	1 4 May 12		E 40 1/0					
	J. SANFORD HOUNG	RAR'S SIGNATURE	INGSTON RO	FT. WASHIN	16-TON MA 20744				
	NIN 11'00 21 2.	nar's signature							
				· · · · · · · · · · · · · · · · · · ·					

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	nit. Pa		
nospital or attending physician.	ched for use as the burial-transit perm		e.
stained by the 1	should be deta		otified at onc
age 6 may be re	director, page 5		r must be no
rs after death. P.	by the funeral	removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
24 hour	/ filled in	tion, or r	the me
outed within	1 completely	urial, cremal	ic event,
ficate be exer	physician an	ne prior to b	ner trauma
e death certi	the attending	Mental Hygie	ijury, or oth
quires that th	n signed by t	f Health and	lows any In
: The law re	ate has bee	state Dept. o	item 23 sl
PHYSICIAN	r this certific	h with the S	arked, or
ATTENDING	ECTOR: Afte	rs after deat	n 28 is m
SPITAL OR	VERAL DIF	vin 72 hou	VT: If Ites
TO THE HO	TO THE FUR	be filed with	IMPORTA!
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pa be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

TO BE COMPLETED BY FUNERAL DIRE

STATE OF MARYLAND / DEPARTMENT	T OF HEALTH AND MENTAL	HYGIENE
CERTIFICATI	E OF DEATH	REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.					
1. DECEDENT'S NAME (First, Middle,	Last)		2. DATE OF DEATH	3. TIME OF OEATH				
MARY	EVELYN ALSOP		May 7, 1990	8:50 pm M				
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)				
577-01-5805	1 □ M 2 □ F 80 YRS.	MONTHS DAYS HOURS MIN.		909 Washington, D				
9a. FACILITY NAME (If not institution,		9b. CITY, TOWN OR LOCATION OF DI		DUNTY OF DEATH				
AMI Doctors' H	losp. of Pr. Geo. Co.	P	rince George's					
10a. STATE 10b. Co		Y, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?				
	rince George's I	Hyattsville		1 X YES 2 NO				
	10e. STREET AND NUMBER 10f. ZIP CODE							
6517 Sligo Par	12. WAS DECEDENT EVER IN U.S. ARMED	20782	NIC ORIGIN? (Specify Yes or No-	U.S.A.				
1 Never Married 2 Married 3 Widowed 4 Divorced	FORGERS 4 VEG & This	If yes, specify Cuben, Mexical 1 YES 2 XNO Specifi	n, Puarto Rican, atc.)	14. RACE — American Indian, Black, White, atc. Specify: White				
15. DECEDENT'S (Specify only highest		USUAL OCCUPATION	16b. KIND OF BUSINESS/	INDUSTRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)	work done during most of working se retired.)						
12	Sect	retary	U.S. Govt.					
17. FATHER'S NAME (First, Middle, La		18. MOTHER'S NA	ME (First, Middle, Maiden Surname)				
Caskie M. Smit			eth Bayliss					
19a. INFORMANT'S NAME (Type/Print	11 Mo	ADDRESS (Street and Number or Rural		1.7 251				
Joseph M. Smit		73rd Avenue, Hy						
1 K Burial 2 Commetten 3	Removal from State / ather place)	SITION (Name of cemetery, crematory or		— City or Town, State				
4 Donation 5 Cher (Specify,	MILLINGLOI	National Cemet		gton, Virginia				
1/81	79/5 July	Francis Gasch	ts Sons Funera					
23. PART I. Enter the diseases	s, or complications that caused tha death. Do			arrest, Approximate				
shock, or heart fai	llure. List only one cause on each line.			Interval Between				
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	B. DUE TO (OR AS A CONSEQUENCE O DUE TO (OR AS A CONSEQUENCE O	PV CMONA	RY ED	ENA Chiset and Deeth				
1	DUE TO (OR AS A CONSEQUENCE O	OF): ADTE	21.6	016				
Sequentially list conditions,	b. CORUNAR	y MIEK	7 0174	DA1 16				
If any, laading to immediate ceuse. Entar UNDERLYING	DUE TO (OR AS A CONSEQUENCE O	27 1 1 1 E	HEART	FAICURB				
CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A CONSEQUENCE O	DF):	17	100				
resulting in death) LAST								
	0.							
	ditions contributing to deeth but not resulting		Part I. 24s. WAS AN AUTOP! PERFORMED?	AVAILABLE PRIOR TO				
Nrn ENF	PATIVE JUINE	アファンサンド	1 YES 2 NO	COMPLETION OF CAUSE OF DEATH?				
			_	1 TYES 2 NO				
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	28. PLACE OF DEATH (C)						
1 YES 2 NO	1 Shpatient 2 ER/Outpatiant 3 DOA 26a. DATE OF INJURY 26b. TIM	4 Nureing Home 5 Residence WE OF 28c. INJURY AT	6 Other (Specify) 28d, DESCRIBE HOW INJURY	OCCUPED.				
1 Natural 5 Pending	(Month, Day, Year) IN.	JURY WORK? M 1 YES 2 NO	280. DESCRIBE HOW INJURY	OCCURED				
2 Accident Investig	26s. PLACE OF INJURY — At home, farm,		26t, LOCATION (Street and Num	oher or Rural Boute Number				
4 Homicide S Could in determine	building, atc. (Specify)	, , , , , , , , , , , , , , , , , , ,	City or Town, State)					
29a. CERTIFIER	BUVEICIAN To the best of the least of the le							
Construction of the constr	PHYSICIAN: To the best of my knowledge, death occur AMINER: On the basis of examination and/or investigation							
29b. SIGNATURE AND TITLE OF CE	ATIFIER	29c. LICENSE NU	MBER 29d. [DATE SIGNEO (Month, Day, Year)				
Ltol	Ma	0 19	971	05 08 90				
30. NAME AND ADDRESS OF PERSON	ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type	ARROCE AYI	7236 TA	MARK AMOS				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		-	4 - 5 114				
MAY 10 '90	Julia Davidson-Randall							

12

·

0.00

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

Kingsport, Tenn

6:35 PM

YEAR 90

9c. COUNTY OF DEATH

2. OATE OF DEATH MONTH DAY

7. DATE OF BIRTH (Month, Day, Year) 0 | - 08 - 10

06

4. SOCIAL SECURITY NUMBER

9s. FACILITY NAME (If not institution, give

226-03-8093

5. SEX

1 M 2 F

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

96. CITY, TOWN OR LOCATION OF DEATH CHEVERLY

DAYS

6. AGE (In yrs. last birthday)

80

ificate be executed within

o i	Cert	Sing
	leath (aftend
S.	the c	the the
Ĭ	that	NO De
3	ires	Signe
H	requ	heen
3	ME!	las b
⋖	The	are
>	CIAN	ertific
5	PHYS	this c
Z	DING	Affer
DIVISION OF VITAL RECORDS, P.O.	ATTEN	CTDR
2	OR	DIRE
	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert	FINERAL DIRECTOR After this certificate has been stoned by the attending
	Ŧ	i

	PRINCE GEO	RGE S	HOSPITAL	CENT	TER	CHE	VERLY		PRIM	ICE G	EORGES
DIRECTOR	100. STATE Maryland	STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION					100	. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZ	EN OF WHAT	COUNTRY?		
ER	4813 Oglethorpe Street						0737		U.S.A.		
BY FUNERAL		Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxi						F HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Black, Whita, etc. Specify: Wh			White
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working							JSTRY			
COMPLET	7th Grade		None Weaver Tex						Comp	any	
8											
B	Pames C. McClain Ethel Whetzel										
9	Account of the second		repand)								
	209. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION — City or Town, State										
	1X Burial 2 Commune 4 Donation 5 Donat	ion: 3 🗌 Ren or (Specify)	noval from State	Resur	rection	Ceme	terv				
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY							•			
	Francis Gasch's Sons Funeral Home										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate										
	shock, pr	heart fellure.	List only one cause or				, , ,			,	interval Batwe Onset end De
	IMMEDIATE CAUSE (F disease or condition_	Inel	META	5707	70 G	4500	ric Ac	SNOCAR	CINO	MA	9 mos
	disease or condition resulting in death) METASTATIC GASTICIC ADSNOCARCINOMA 9 mos Due to (or as a consequence op):										
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d										
MEDICAL C	PERFORMED? 1 YES 2 DMO OF							RE AUTOPSY FINDING ILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO			
ż											
CIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:		OTH		LACE OF DEATH (Che	ck only one)			
YSICIAN:	EXAMINER?	TO MEDICAL	1 Dispetient 2 - ER/O		DOA 4	IER: Nursing Hon	ne 5 🗆 Rasidenca (Other (Specify)			
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	Pending Investigation	1 (L) Inpatient 2 - ERI/C 28a. DATE OF INJUI (Month, Day, Yel	RY ar)	28b. TIME OF	HER: Nursing Hon 28c. IN. W 1 1	Ne 5 Residence (INJURY OCC	CURED	
	EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending	28a. DATE OF INJU	RY ar) URY — At ho	28b. TIME OF	HER: Nursing Hon 28c. IN. W 1 1	Ne 5 Residence (Other (Specify)	and Number		Number
ETED BY	EXAMINER? 1 YES 2 JOO 27. MANNER OF DEATH 1 Actural 5 SCHOOL STANDARD ST	Pending Investigation Could not be determined	28s. DATE OF INJUI	RY ar) URY — At ho Specify)	28b. TIME OF INJURY borne, farm, street,	PER: Nursing Hon 28c. IN. W 1	DURY AT DIRCONNECTION OF THE PROPERTY OF THE P	Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Stree City or Rown, Stat	and Number s)	or Rural Route	
	EXAMINER? 1 YES 2 JOO 27. MANNER OF DEATH 1 Actural 5 SCHOOL STANDARD ST	Pending Investigation Could not be determined RTIFYING PHYS	28a. DATE OF INJU 28a. DATE OF INJU (Month, Day, Ye. 28a. PLACE OF INJI building, etc. (: SICIAN: To the best of my lu ER: On the basis of examin	RY ar) URY — At ho Specify)	28b. TIME OF INJURY borne, farm, street,	PER: Nursing Hon 28c. IN. W 1	UURY AT PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF T	Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Stree-City or Town, State to the cause(s) and m ime, date and place, in BER	and Number p) enner as state and due to the	or Rural Route	d manner as stated
BE COMPLETED BY	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Setural 5	Pending Investigation Could not be determined RTIFYING PHYS	28a. DATE OF INJU 28a. DATE OF INJU (Month, Day, Ye. 28a. PLACE OF INJI building, etc. (: SICIAN: To the best of my lu ER: On the basis of examin	RY ar) URY — At ho Specify)	28b. TIME OF INJURY borne, farm, street,	PER: Nursing Hon 28c. IN. W 1	JURY AT DRK? YES 2 NO	Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Stree-City or Town, State to the cause(s) and m ime, date and place, in BER	and Number p) enner as state and due to the	or Rural Route ed. e cause(a) and	d manner as steted.
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Tetural 5 SOCIED STATE 2 Accident 3 Suicide 6 SOCIED STATE 4 Homicide 6 SOCIED STATE (Check only One) 2 ME 29b. SIGNATURE AND TITE	Pending Investigation Could not be determined PHYSION DICAL EXAMIN	28a. DATE OF INJU 28a. DATE OF INJU (Month, Day, Ye 28a. PLACE OF INJ building, etc. () BICIAN: To the best of my lo ER: On the basis of examin	RY BY At hospital Control	28b. TIME OF INJURY to the principle of	Numing Hon 28c. IN. I 28c. IN. I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UURY AT PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF THE PRESIDENCE OF T	Other (Specify) 28d. DESCRIBE HOW 26f. LOCATION (Stree City or Town, State to the cause(s) and m lime, date and place, the cause of	end Number enner as state and due to the	or Rural Route ad. e cause(a) and E SIGNED (Mo	d menner as stated. rnth, Day, Year) - 9 10

BALTIMORE, MARYLAND 21203-3146	cours after death. Page 6 may be retained by the hospital or attending physician.	r filled in by the funeral director, page 5 should be detached for use as the burial-transit permit bon, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any wours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 VA

31. DATE FILEO (MONTH),

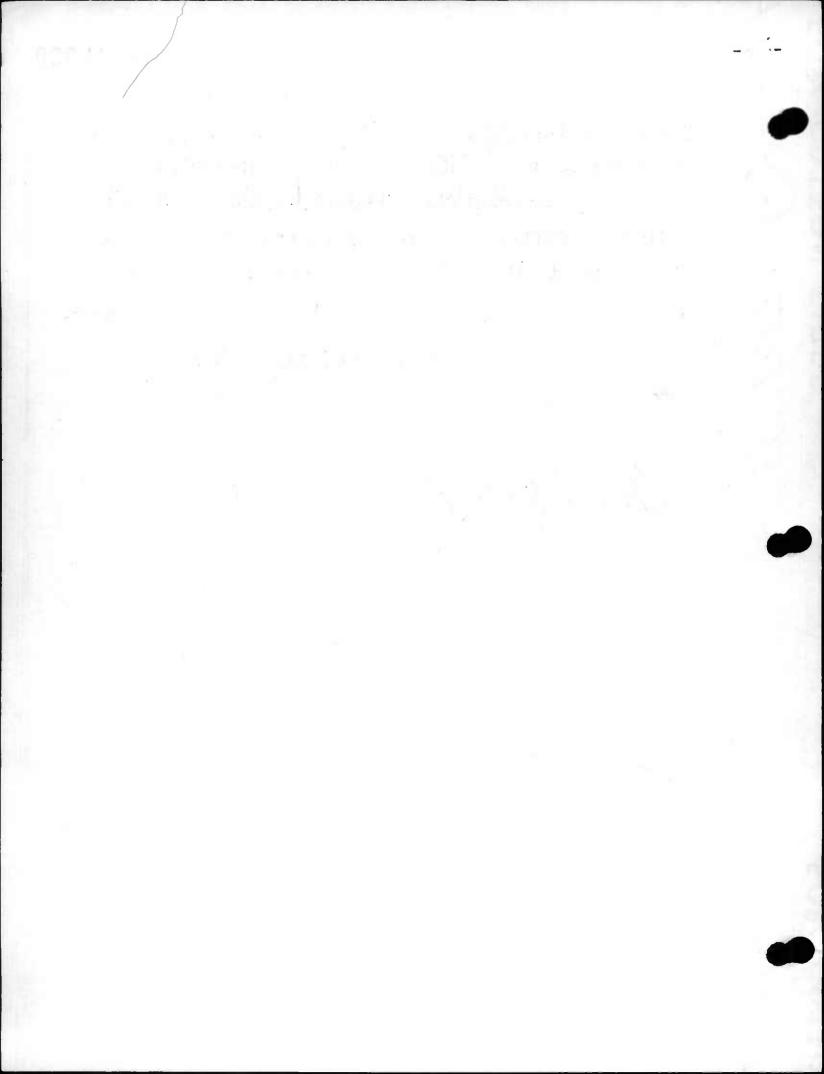
Gulia Davidson Municipal

	1 - STATE REGISTRAR	STATE OF	MARYLAND /		RTMENT				MENTAL	HYGIEN REG. NO			0 14	
	1. DECEDENT'S NAME (First, Middle, L	ast)							2. DATE O	F DEATH			3. TIME OF DEATH	
	EUGENE	ARTRIP							MAY 6, 1990 YEAR 8:4			8:40an	n m	
	4. SOCIAL SECURITY NUMBER 227-07-8277	5. SEX ₩ဩ M 2 ☐ F	6. AGE (In yrs. las	et birthday) YRS.	IF UNDER	t YEAR DAYS	IF UNDER	MIN.	7. DATE OF	7. DATE OF BIRTH S. BIR		8. BIRTI Coupt	HPLACE (State or Forel by) irginia	gn
H.	9e. FACILITY NAME (If not institution, g AMI DOCTOR	Ne street end number) S HOSPITA	L of PG.	CO.	96. CITY		PR LOCATION NO.		EATH		9c, COU	INTY OF E		S C
5	RESIDENCE OF DECEDEN		10c. CITY, TOWN OR LOCATION								1			
DIRECTOR	Maryland Pi	rince Geor	ges	10c. CIT		or Loca ham						10d. INSIDE CITY LIMITS? 1 YES 2 No	0	
AL	10e. STREET AND NUMBER					10	f. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
EB	9504 Underwood						20	706			1	U.S.	Α.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	I IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANI If yes, specify Cuban, Maxican 1 YES 2XXNO Specify:				can, Puerto Rican, atc.)			14. RAC Blac Spec	E — American Indian, ik, White, etc.	
	15. DECEDENT'S	EDUCATION	16a. DE	CEDENT'S	USUAL O	CCUPATION	ON		16b. K	(IND OF BU	SINESS/IN	DUSTRY		_
COMPLETED	Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5 +)			work done	during mo	ost of worldi	ng	N.	ation	2 Ie	00	Agency	
ME	17. FATHER'S NAME (First, Middle, Last	тт	A	naly	SL	_						ec.	ngency	
						inni	AME (First, Mic	ddle	Sumame)					
BE	Charles Artri	0	1 10								4			
2			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Cook								(p Code)			
	Anita Artrip 9504 Underwood Lanham, MD 20706 20sc METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State													
	1 Surial 2 Cremation 3 4 Donation 5 Other (Specify)		Fort	Lin	coln	Cem	eter	metory or					Maryland	
	21. SIGNATURE OF BUNERAL SEBVIC	E LICENSEE	. 1.						Funer			MD 2	0706	
_	Jesame	17 Jun	de					^	is Rd					
	23. PART / Enter the diseases, shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	a	or causad the deuse on each line	OUENCE C	not antar	lu	ode or dy	ing, suc	a M	es or reep	#A	eps	Approximate Interval Bet Onset and I	wean
CERTIFICATION	Sequantially list conditions, if sny, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST		O (OR AS A CONSE	ua	up	olii vu	tru	di	of pr	ılıı	pisi	5de	46176	
SE		d		-100	D.									
PHYSICIAN: MEDICAL	PART II. Other significant cond	itions contributing to	o deeth but not	resulting	In the ur	nderlyln	g ceuse	given in		24a. WAS AN PERFO	RMED?	24	b. WERE AUTOPSY FINI AWAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?	USE
AN	25. WAS CASE REFERRED TO MEDIC.	AL I				26 P	LACE OF D	DEATH /C	heck only one)				7.7	_
2	EXAMINER?	HOSPITAL:			OTHE	R:								
₹	27. MANNER OF DEATH	26a. DATE O	ER/Outpatient	266. TII	1		JURY AT	asidence	6 Other	(Specify)	IN HIRV O	COURED		
	Natural 5 Pending		Day, Year)	200, III	JURY	W	ORK?	7.440	28d. DESC	HIBE HOW	INJURY O	CCUMED		
D BY	2 Accident Investigal 3 Suicide 6 Could no	28e. PLACE building	OF INJURY — At he	ome, ferm,			YES 2	NO		TION (Street Town, State		er or Rumi	Route Number,	
COMPLETED	200 CERTIFIER	PHYSICIAN: To the best of	of my knowledge, d	eath occur	red at the	time, date	and place	e, end du	e to the ceus	e(a) and ma	nner aa st	ated.		
M	one)	MINER: On the beals of											(a) and manner as ata	ted.
BE CC	291. SIGNATURE AND TITLE OF CEN	41	eto					ENSE NU					Of (Moren, Dec Year)	
2	30. NAME AND ADDRESS OF PERIOD	N WHO COMPLETED CA	UBE OF DEATH SITE	M 27FYSo	e. Printi e	_	-	n	_	_		A 11	11	_

DHMH-16 Rev 1/89

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			IENTAL HYGIEN REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Lee)	bauger	Millard	Albaug		2. DATE OF DEATH DATE OF	Ĭ7	3. TIME OF DEATH	
	717 10 000	M2 DF	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	19191	BIRTHPLACE (State or Foreign Country)	
тов	CAMOI COUNTY ONE	IPL Hospita	y I	Destm	INSTEAT	PM	9c. COUNTY	U II	
DIRECTOR	10a. STATE 10b. COUNTY	1100	10c. CITY, T	00.	SIDEANIM			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER HOH MAIN SE	. POB 27	3	10f.	ZIP CODE	16	10g. CITIZEN	OF WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT EVER IN I FORCES? 1 X YES IF YES, GIVE WAR OR DAT W W II	2 NO	If yes, spe		C ORIGIN? (Specify Yes , Puarto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED		TION mpleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos	one during most of working				
OM	17. FATHER'S NAME (First, Middle, Last)		CKOUN	COICK	18. MOTHER'S NAM	IE (First, Middle, Malden			
BEC	John Wesley	Albaugh				lie Kump			
TO B	19a. INFORMANT'S NAME (Type/Print)			331.00.17.		oute Number, City or Tow		10)	
	Virginia L. Long	1				lsor, MD 2			
	20a, METHOD OF OISPOSITION 1 N Burtal 2 Cremation 3 Remove 4 Donetion 6 Other (Specify)	ni from State	PLACE OF DISPOSITION Of the place) Wint	ers Cer	neterv	nr.	New W:	indsor. MD	
	atharine	Q Land	ler		Windsor,	MD Ha	rtzler	& Sons	
	23. PART I. Enter the diseases, or con ahock, or heert feilure. Li			enter the mod	de of dying, such	as cardiec or resp	Iratory arrest,	Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	itedofus.	Jum	wic,	0	eri tu	lis.	Onset and Death	
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): LINE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
CAT	If any, leeding to immediate cause. Enter UNDERLYING	ec 1	prov	te	e	= 7 K	delle		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST								
MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 No 24b. WERE ANALL COMPTON OF DE							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Chi	ck only one)			
SIC		HOSPITAL:		THER:	e 6 - Residence				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJ	URY AT RK?	28d. DESCRIBE HOW	INJURY OCCUR	EO	
ВУ	1 Natural 5 Pending 2 Accident Investigation	200 BY ACE OF IN KIRY	At home trans atom		ES 2 NO	444 1 0 0 4 TION 100		2-12-1-1	
TED	3 Suicide 6 Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Hurai Houte Number,	
COMPLETED	onel	AN: To the best of my knowle On the bests of examination						ause(e) and manner se stated.	
	200. SIGNATURE AND THEE OF CERTIFIER	0.0			29c. LICENSE NUM			GNED (Month, Day, Year)	
TO BE	Meerfeclo	N 20	h	1			Ma	17.1990	
F	30. NAME AND ADDRESS OF PERSON WHO	CO-CO TO CONTRACTOR CO			7. m		D 2170	7	
	Wenifredo N. Igle 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	49 Fred	erick	ot. Tai	neytown, M	71/8 תו	1	
	MAV 1 8 '90	32. REGISTRAR'S SIGNA	Son-Handell						



TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
a examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
r the funeral director, page 5 should be detache loval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
fter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
BALLIMORE, MARTLAND	DIVISION OF VITAL RECORDS, P.O. BOA 13149,

	FOR STATE REGISTRAR		STATE OF N	MARYLAN	D / DEPAR					MEN	TAL HYGIEN	E		
	1. DECEDENT'S NAME (First,		MA 37							2. D	ATE OF DEATH	N.	YEAR	3. TIME OF DEATH
1	GOLDI		MAY		BING	may 23.				1990		9:34 AM		
	4. SOCIAL SECURITY NUMB	ER	5. SEX		rs. last birthday)	MONTHS	DAYS	HOURS	OURS NIN. MAY 190				8, BIRTH Count	IPLACE (State or Foreign
	213-22-4150		1 🗆 M 2 💢 F	88						7 9 1902			‴W.VA.	
_	9e. FACILITY NAME (If not institution, give street and number)						OR LOCAT		EATH		9c. COUNTY OF DEATH			
ĕ	Memorial HOspital				Cur	nbei	land	1			ALL	.egan	ıy	
EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. C					Y, TOWN O	R LOCA	TION						10d. INSIDE CITY
DIRECTOR						ALE						1 TYES 2 NO		
FUNERAL	100. STREET AND NUMBER 528 MILI	L STRE	ET					1. ZIP COD 2.1502					S.A.	WHAT COUNTRY?
5	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.	S. ARMED						IGIN? (Specify Yea	or No-		E — American Indian, k, White, etc.
BY F	1 Never Merried 2 3 Widowed 4 Divor		IF YES, GIVE Y					2 X NO			rto Ricen, etc.)		Spec	
	15. DECI	EDENT'S EDUC highest grade	CATION	18	e. DECEDENT'S	USUAL OC	CUPATI	ON of work	ina		18b. KIND OF BUS	SINESS/IN	DUSTRY	***************************************
ᄪᅵᄪ	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT u	se retired.)	unny na	DSI DI WOIN	''y					
릊	5			E	OUSEKE	EPER					HOUSEK		R	
BE COMPLETED	17. FATHER'S NAME (First, MI SEYMO	iddie, Last) DUR BO	HRER						NNIE		rst, Middle, Malden NE VIC			
10 B	190. INFORMANT'S NAME (7) CARROLL BOHE	(pe/Print) RER			P.O.B	OX# 8	(Street	and Numbe HANC	OCK,	Flourte M	Number, City or Tow ARYLAND	n, State, Zi 217		
	20a METHOD OF DISPOSITI 1 X Burlel 2 Cremetio 4 Donetion 5 Other	n 3 🗌 Rem	oval from State		LCREST									own, State MARYLAND
	21. SIGNATURE OF FUNERAL		DENSEE A	- /	7	22.1	NAME A	ND ADDRE	SS OF FA	CILITY	,			
	· Da	le L	Mer	ritt							FUNERAL EFT_CLIMB			ARVI AMD
	23. PART i. Enter the di													Approximate
ı	immediate cause (Fin		List Dnly one car	use on aacr	ı iina.		6)						Interval Between Onset and Death
	disease or condition resulting in death)	→		tsm	1201	ian	Ve	ne	NW	10	ne	k		
	resolving in death)	_	DUE TO		ONSEQUENCE C									
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
2	cause. Entar UNDERLYi CAUSE (Disease or Inju		c	OR AS A CO	ONSEQUENCE O	iF)·								
	that initiated events resulting in deeth) LAS	T	d	(OII AO II OC	JII OLO OLII OL	· ,.								
	PART ii. Other aignifica	nt condition	s contributing to	deeth but	not resulting	in the un	derivir	o cause	given in	Part	I. 24a. WAS AN	AUTOPSY	241	b. WERE AUTOPSY FINDINGS
S S											PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
											1 🗆 YES 2	No		DF DEATH?
Σ													- 1	1 YES 2 NO
A	25. WAS CASE REFERRED TO	O MEDICAL					26. P	LACE OF	DEATH (C)	heck or	alv one)			
[[EXAMINER?		HOSPITAL:	EB/Outpatia	ent 3 🗆 DOA	OTHER	t:				Other (Specify)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH		28e. DATE O	F INJURY	28b. TII	AE OF	28c. IN	JURY AT	TOOIGOTICO	_	DESCRIBE HOW	NJURY O	CCURED	
ED BY	2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s, LOCATION (Street and Number or Rural Route Investigation 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, LOCATION (Street and Number or Rural Route Investigation 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, LOCATION (Street and Number or Rural Route Investigation 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, LOCATION (Street and Number or Rural Route Investigation 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, LOCATION (Street and Number or Rural Route Investigation 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, LOCATION (Street and Number or Rural Route Investigation 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, LOCATION (Street and Number or Rural Route Investigation 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, LOCATION (Street and Number or Rural Route Investigation 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, LOCATION (Street and Number or Rural Route Investigation 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, PLACE OF INJURY — At home, farm, street, factory, office 28s, PLACE OF INJURY — At home, street, place OF INJURY — At home, street, place OF INJURY — At hom							Route Number,						
PLET	29e. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best of	of my knowled	ge, death occur	red at the t	lme, dat	e and plac	e, and du	e to th	e cause(a) end me	nner as at	ated.	
COMPLETED	one) 2 MEDI	ICAL EXAMINE	R: On the backs of					death occ	ured at the	e time,		nd due to	the cause((e) end menner ee stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	pus					29c. Li	CENSE NU	MBER		29d. 0A	TE BURNET	3 (Month One Year)

Memorial Hospital Medical Building Cumberland, MD.

10

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2. REGISTBAR'S SIGNATURE

Dr. Zaman Memor:
31. DATE FILED (MOOTH, Day, Year)
MAY 2 5 1990

161.11

0.00

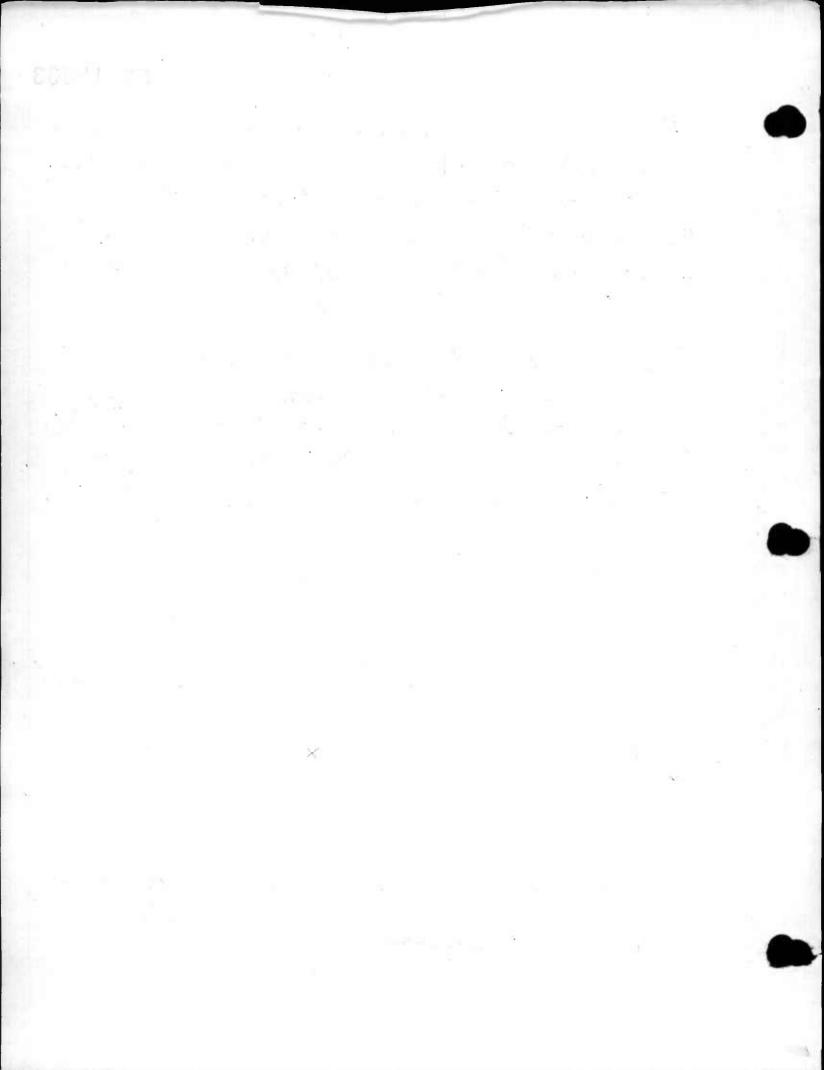
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TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-r fours after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENE REG. NO.		1	
	1. DECEDENT'S NAME (First, Middle, Last)	EDRICK	BATSO	N		MONTH 5	12	90	AR /	130A-M
	2-10-54-4590	5. SEX 6. AGE (VINDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	Day. (64) 19	1111	BIRTHPLAC Country)	land
TOR	90/ Pederal	LITY NAME (If not lightfulfor, give street and number) PELEVAL GARDENS PECCYALS DUTY Se. COUNTY OF DEATH PECCYALS DUTY Se. COUNTY OF DEATH PECCYALS DUTY Se. COUNTY OF DEATH PECCYALS DUTY Se. COUNTY OF DEATH PECCYALS DUTY Se. COUNTY OF DEATH PECCYALS DUTY Se. COUNTY OF DEATH PECCYALS DUTY Se. COUNTY OF DEATH PECCYALS DUTY Se. COUNTY OF DEATH PECCYALS DUTY Se. COUNTY OF DEATH PECCYALS DUTY Se. COUNTY OF DEATH PECCYALS DUTY Se. COUNTY OF DEATH PECCYALS DUTY Se. COUNTY OF DEATH PECCYALS DUTY Se. COUNTY OF DEATH PECCYALS DUTY Se. COUNTY OF DEATH Se. COUNTY OF DEATH PECCYALS DUTY Se. COUNTY OF DEATH PECCYALS DUTY Se. COUNTY OF DEATH PECCYALS DUTY Se. COUNTY OF DEATH PECCYALS DUTY Se. COUNTY OF DEATH PECCYALS DUTY Se. COUNTY OF DEATH Se. COUNTY OF DEATH PECCYALS DUTY Se. COUNTY OF DEATH Se. COUNTY OF DEATH Se. COUNTY OF DEATH SE. COUNTY OF								
DIRECTOR	10a STATE D 10b. COUNT	ROLINE			10d.	INSIDE CITY LIMITS? YES 2 NO				
FUNERAL	109 GREET AND NUMBER 901 Federal	y Gardens 101. 218 CODE / 632						g. CITIZEN	OF WHAT	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specifity se, specify Coben, Mexican, Puerto Rican, etc. 1 YES 2 NO Specify:						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	e completed)	16e. DECEDENT'S USL (Give kind of work life. Do NOT use rei	done during mo-	ON st of working	16b.	KIND OF BUSINE	SS/INDUST	RY	
APLE	Elamentery/Secondery (0-12) 12th	College (1-4 or 5+) 1 year	Tire re		.ng		Truck	ing		
COL	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	-, -,		eme)		
BE	UNKNOWN 190. INFORMANT'S NAME (Type/Print)		405 1444 040 400		GLOT:		atson			
5	Gloria Batso	n								MD21632
	20e. METHOD OF DISPOSITION ty \text{\text{\text{Merries}} 2 \subseteq Cremetton 3 \subseteq Ren }	20b	PLACE OF DISPOSITIO	ON (Name of cen	netery, crematory or		20c. LOCATI	ON — City	or Town, S	State
18	4 Donation 6 Other (Specify)		Fed		Hill Co		Fede	rals	bur	g, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	- Eskow			optom-Habers of FA		ns Fun ralsbu	eral	Hor MD	me 21632
	23. PART t. Enter the diseases, or shock, or haert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused List only one cause on e		anter the mo	da of dylng, auc	h aa card	iac or respirato	ory arrest	,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST									
MEDICAL CE	PERFORMED? 1 YES NO OF								CON	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH? JYES 2 NO
										1.20 20200
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only on	e)			
HYS	YES 2 NO	1 inpatient 2 ER/Outs 28a. DATE OF INJURY	26b, TIME O	Nursing Hom F 28c, INJ		_	(Specify)	RY OCCUR	ED	
ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, Yeer)	INJURY	WO	PRK? YES 2 NO					
	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide City or Town, Street Paral Route Number, Earm, street, factory, office building, atc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or Town, Street									Number,
COMPLETED	const.	SICIAN: To the best of my know IER: On the basie of examination							suse(s) end	I menner as stated.
TO BE C	CL JENG	enry	Deputy	ME	D/4	56 (√ 25 1	d. DATE SE	MED (Mol	190)
	ENSE	N MO, F	BOX	690	, Den	1701	1 MC) 2	16:	19
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	vidson-Rande	22	*					

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the m
		-	-0	-

	REGISTRAR	CENTIFIC	ALE OF DEATH	HEG. NO.						
	1. DECEDENT'S NAME (First, Middle, Leet)	Bara	nKovich	2. DATE OF DEATH MONTH	1998	3. TIME OF DEATH 0430 A. M				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 1 M 2 1 F		UNGER 1 YEAR IF UNDER 24 HRS. YTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 12-31-4.	6. BIRTH	IPLACE (State or Foreign ry)				
ECTOR	98. FACILITY NAME (If not institution, give street and number) 11609 KING-SARROW COL	=	city, town or Location of De	MAN	Monta	omery				
DIA.	Maryland Montagnery	10	own or Location mantown,	Marylana	!	10d. INSIDE-CITY LIMITS? 1 YES 2 NO				
FUNERAL	11609 Kingsarlow Cou	irt	20874		U.S.	A.				
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT: FORCES? 1 IF YES, GIVE WAI		13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	or No— 14. RACI Blac Spec	E — American Indian, k, White, atc.				
LEIED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) Elementary(Secondary (0,12) College (1-4 or 5 +)	Me. Do NOT uso go	done during most of working	166. KIND OF BUS	Hers					
COMPL	Stanley DANIC	WICZ	11	ME (First, Middle, Malden	- 600	1				
TO BE	TOUR ROTHANT'S NAME TYPE Print)		RESS (Street and Number or Rural Kings Arrow	Route Number, City or Town		20874 Nun MD				
	METHOO OF OISPOSITION METHOO OISPOSITION METHOO OISPOSITION	20b. PLACE OF DISPOSITION OF MATTER (1)	ON (Name Demotory, cromotory or Catholic Ceme		CATION — City or To					
	31. BIONATOR OF FUNDBAL MENVICE LICENBER		22. NAME AND ADDRESS OF FA	10 East	Funeral Deer Pa	rk Drive				
	23. PART I. Enter the diseases, or complications that shock, or heart failure. Let only one cause	caused the death. Do not on each line.	antar tha mode of dying, suc	h as cardiac or respi	ratory arrest,	Approximate interval Between				
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CEREBRAL METASTASES Due to (or as a consequence of): BREAST CANCER 6. BREAST CANCER									
ON	Gequentiarly risk controllins, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate									
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
SE	d					_				
EDICAL	PART II. Other eignificant conditions contributing to d	eath but not resulting in t	he underlying causa given in	Part I. 24a. WAS AN PERFOR	MED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
Σ				-		1 TYES 2 NO				
A	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (CH	eck only one)						
25	EXAMINER? 1 YES 2 NO 1 Inpetient 2		THER: Nursing Home 5 Residence	6 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF II (Morth, Day		F 28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURED					
B	1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO							
	3 Sulcide 8 Could not be 4 Homicide determined	INJURY — At home, farm, streetc. (Specify)	et, fectory, office	281. LOCATION (Street and City or Town, State)	and Number or Rural	Route Number,				
COMPLE	28a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of m MEDICAL EXAMINER: On the basis of examiner.					a) and menner as stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Pilos L	29c. LICENSE NU			17. 1990				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, Pri	m) 10400 C	270 CONNECT	TICUT A	105				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR	S SIGNATURE	11EN	MINITON,	MD 2	0891				
	MAY 2 1'00 Alind	widow Brokelle								



TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within its mounts after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTION: After this certificate has been signed by the after death with the State Dept. of Health and Mental Hyghen prior to burial, cremation, or removal. To the state Dept. of Health and Mental Hyghen prior to burial, cremation, or removal.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Mario F.

31. DATE FILED (Month, Day, MAY 23

Golle,

*90

Jr.,MD

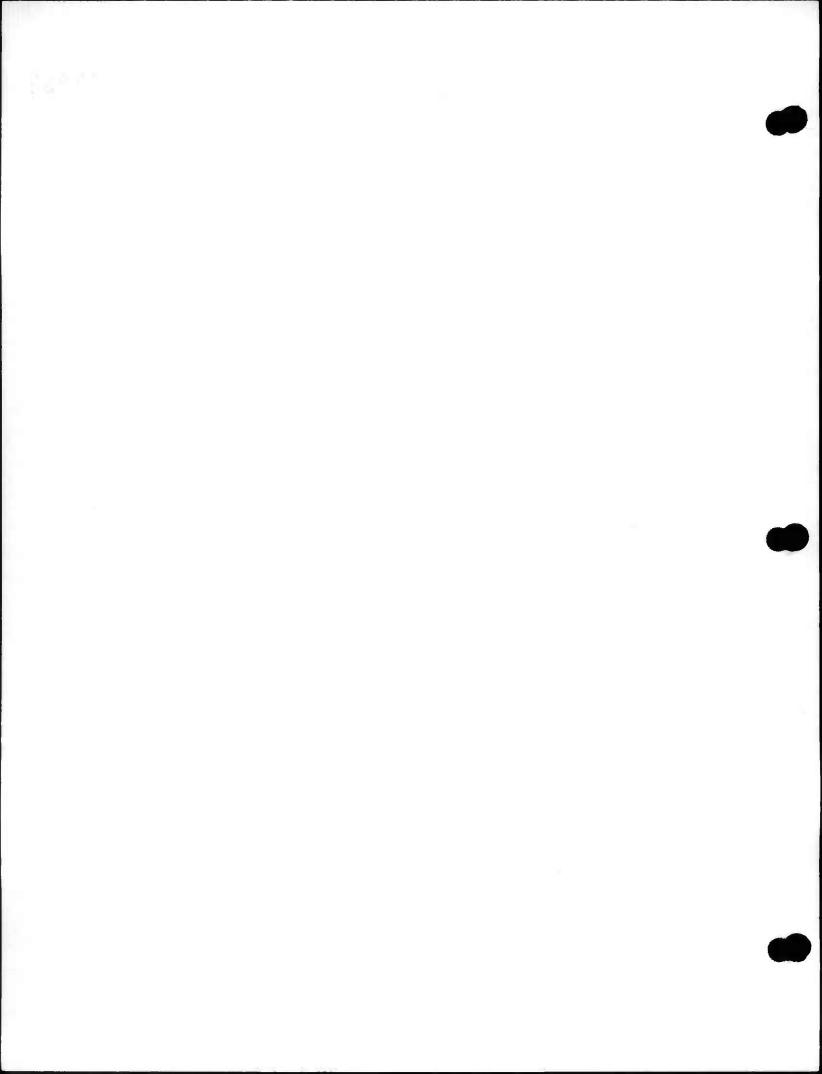
32. REGISTRAR'S SIGNATURE

FOR 1 - STATE REGISTRAR	STATE OF M		DEPART					MENTAL HYGIEN REG. NO.	E	90	14831
1. DECEDENT'S NAME (First, Middle, Last) Ch	ristophe	s.		Blar	ıkeı	n		2. DATE OF GEATH MONTH 5-15-90	NY.	YEAR	ME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:		IF UNDER 1 Y		IF UNDER		7. DATE OF BIRTH			E (State or Foreign
215-06-2975	1 🔀 M 2 🗆 F	20	YRS.	ONTHS D	BYAC	HOURS	MIN.	(Month, Day, Year) OCT - 25 - 19	60	Country)	GTON D C
9a. FACILITY NAME (If not institution, give s	treet and number)		1	Pb. CITY, TO	OWN O	R LOCATI	ON OF D			INTY OF DEATH	1-1UN , U . C .
Montgomery Gene	ral Hosp	ital		Olney Montgomery Cour						County	
10a. STATE 10b. COUNT	,		10c. CITY,	TOWN OR	LOCATI	ON				10d.	INSIDE CITY
MARYLAND HOWAR	OD.		ELLIC	COMM	CIT	757					LIMITS? YES 2 NO
10e. STREET AND NUMBER	Ψ		TELLIT.	JULI	-	ZIP COD	E		10a, CIT	TIZEN OF WHAT	
7829 FLAGSTONE CO						2104			11:	SA	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AI		13. WA	S DECE	ENDENT (OF HISPAI on, Maxica	NIC ORIGIN? (Specify Yea in, Puerto Ricen, etc.)	or No—	14. RACE — Al Black, Whit	merican Indian, ia, etc.
3 Widowed 4 Divorced	IF YES, GIVE W						Specif			Specify: WHITE	
15. OECEDENT'S EDU (Specify only highest grade	CATION completed)		ECEDENT'S U				na	16b. KINO OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	166	. Do NOT use	retired.)							
12		MAN	AGER]	CE C	REA	M S	FORE				
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Malden	Sumame)		
RICHARD A. BLANKI	EN					Al	VDRE.	A L. FRANK			
19a. INFORMANT'S NAME (Type/Print)		16	b. MAILING A	DDRESS (S	Street ar			Route Number, City or Tow	n, Statu, Zi	ip Code)	
RICHARD A. BLANKE	IN (FA	THER) 7	829 FI	LAGST	ONE	COI	JRT	ELLICOTT (CITY	MARYLA	ND 21043
20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Rem	ovel from State	20b. PLACE other p	OF OISPOSIT	TION (Name	of cerr	netery, cre	matory or	20c. LO	CATION -	- City or Town, S	tete
4 Donation 5 Other (Specify)	1	GATE	OF HE	EAVEN	CE	MET	ERY	SIL	VER S	SPRING.	MARYLAND
21. SIGNATURE OF FUNERIAL SERVICE LI	CENSEE	1	//				SS OF FA				
Some	m/11	and to	1	-				LLINS FUNE			
23. PART I. Enter the diseases, or	complications the	ugy	- X					Y BLVD W			Approximate
ahock, or heart fallure.	List only ona ceu	use on each lin	e.	n annoi Li	ia ilio	ue or uy	my, auc	an aa caronac or reap	ilatory ai	irest,	Intarval Between
IMMEDIATE CAUSE (Finel disease or condition	**	1.2			مالده		i.Lb	Mitwal	1,,,,	abacama	Onset and Death
resulting in dasth)					au	ıy w	LU1	Mitral va	ive (abnorma	ıııy
	DUE TO	(OR AS A CONSE	GUENCE OF)	:							
Sequentially list conditions,	b	(OR AS A CONSE	OUENCE OF							-	
If any, leading to immediate cause. Enter UNDERLYING											
CAUSE (Disease or Injury that initiated events	C. DUE TO	(OR AS A CONSE	QUENCE OF)	:						+	
resulting in deeth) LAST											
PART II. Other algnificant condition	e contributing to	death but not	reculting in	the unde	ertylng	cause	given in	Part I. 24a. WAS AN PERFO			E AUTOPSY FINDINGS LABLE PRIOR TO
								XX YES	□ NO		PLETION OF CAUSE EATH?
										x\s	YES 2 NO
										122	
25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF	OEATH (C	heck only one)			
EXAMINER?	HOSPITAL:	XR/Outpatient		OTHER:		e 5 🗆 F	Residence	8 Other (Specify)			
27. MANNER OF DEATH	28a. DATE O	FINJURY	28b. TIME	OF 2	8c. INJ	URY AT		28d. OESCRIBE HOW	NJURY O	CCURED	
1 Netural 5 Pending	(Month, I		INJU		WO	AK?	□ NO				
2 Accident Investigation	28e PLACE	OF INJURY — At h	ome form et	reat, factor				28f. LOCATION (Street	and Numb	or or Rural Route	Number
3 Suicide 6 Could not be 4 Homicide detarmined	building	, etc. (Specify)	outer territ, at	, /66/67	y, wine			City or Town, State		or received	, a
29a, CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best o	f my knowledge d	leath occurre	d at the time	o, det-	and plea	e, and de	e to the cause(a) and me	nner ee e	lated.	
(Check only one) CERTIFYING PHYS											menner ea stated
	0 10	1		+							
206. SIGNATURE AND TITLE OF CERTIFIE	" Glall	W.	1	d		29c. LI	OCME		29d. DA	TE SIGNED (Mon 5-16-	

DHMH-16 Rev 1/89

VC

111 Penn Street, Baltimore, MD 21201



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buniat-transit permit. Pages 1.2 permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY		3. TIME OF DEATH			
	The state of the s			UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) FEB. 17,		BIRTHPLACE (State or Foreign Country)
TOR	9e. FACILITY NAME (If not institution, give street a	dist los	CITY, TOWN O		c. COUNTY OF DEATH MONTGOMERY CO.			
DIRECTOR	10e. STATE 10b. BOUNTY MD. BALTI		WN OR LOCAT				10d, INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO	
FUNERAL	10e. STREET AND NUMBER 4904- OLSON DR	•	101.	21229	9	10g. CITIZEN OF WHAT COUNTRY?		
B≺	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 WI IF YES, GIVE WAR OR DATES			It yee, spe		C ORIGIN? (Specify Ye , Puerto Ricen, etc.)	or No- 14.	RACE — American Indian, Black, Whita, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp. Elementary/Secondary (0-12) Co		16a. DECEDENT'S USU (Give kind of work life. Do NOT use re CLERI	done during mo- tired.)		NOT A	SINESS/INDUST	
ME	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	NE (First, Middle, Malden	Sumame)	
BE CO	OSCAR BAER					RONICA Y		
TO B	19e. INFORMANT'S NAME (Type/Print)					oute Number, City or Tov		
	REV.DR.REICHAR							MD.20850
	20e. METHOD OF DISPOSITION 1 Mariel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	trom State	PLACE OF DISPOSITION Of their place) PARKWOOI	CEME	TERY	В		ORE, MD.
	21. SIGNATURE OF FUNERAL SERVICE LECENT	DOW		HZ	SONG CO		MACH	DC
	23. PART I. Enter the diseasea, or come abook, or heart failure that IMMEDIATE CAUSE (Final disease or condition resulting in death)	only one cause on a	ach Ilna.	anter tha mo	da of dying, such	ss cardiac or resp	iratory screat	Approximats Interval Betwee Onset and Dea
CERTIFICATION	Sequantially list conditions, if sny, lasding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	Infas	tini			40
	PART II. Other algorificant conditions co	ontributing to death b	out not resulting in t	ha undariyin	cause given in			24b. WERE AUTOPSY FINDING
MEDICAL	Essential Hym		Suiting in the underlying cause given in Part I. PERFORMED? 1 YES 2 MAN AUTOPSY PERFORMED? 1 YES 2 MAN AUTOPSY PERFORMED? 1 YES 2 MAN AUTOPSY PERFORMED?					
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Che	ack only one)		
SIC		OSPITAL:		THER:	e 5 🗆 Residence	6 Other (Specify)		
BY PHYSICIAN: ME	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WC	URY AT RK? res 2 - No	28d. DEŞCRIBE HOW	INJURY OCCUR	RED
	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, etc. (Spe	r — At home, farm, stre cify)				end Number or	Rural Route Number,
COMPLETED	Crieck Orny	i: To the bast of my known the basis of examination						cause(e) and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER Silver of Design	res			29c. LICENSE NUN	77	D 5/	14/10 20844
0	30. NAME AND ADDRÉSS OF PERSON WHO CO	OMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pr	m) Xeeut	in p	ah Con		from p mo
30. NAME AND ADDRÉSS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Educal Thin 11 1971 Except Pich Cork Cork 12. 31. DATE FILED (Month, Day, Year) MAY 17 90 Julia Davidson Randolls								



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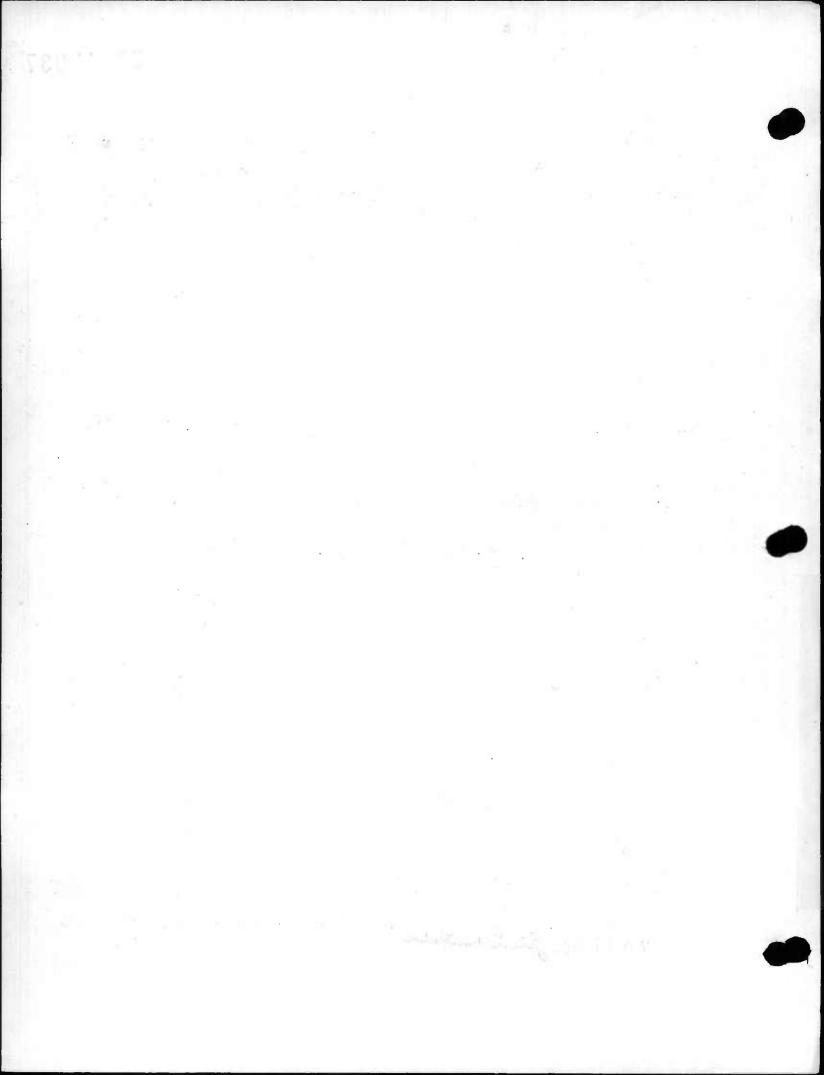
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Nem 28 is marked, or Item 23. DIVISION OF VITAL

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RECORDS, P.O. BOX 13146, F. BALIIMORE, MARYLAND 21203-3146	we requires that the death certificate be executed within a mous after death. Page 6 may be retained by the hospital or attending physician.	been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,		3 shows any injury or other trainmatic event the medical examinar must be notified at once
-	=	hera		in
4	dea	P		772
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	32	à	eme	fles
٠	SUS	Ë	pt. of Health and Mental Hygiene prior to burial, cremation, or removal.	200
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,	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			NTAL HYGIENE					
	1. DECEDENT'S NAME (First, Middle, Lest)	nA	BE	415	2.	DATE OF DEATH	9 YEAR	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE (F UNDER 1 YEAR		DATE OF BIRTH	6. BIRT	THPLACE (State or Foreign			
	219-06-1752	1 M 2 F	63 YRS.	DAYS DAYS	mount min.	(Month, Day, Year) -26-1926	In 9c. COUNTY OF	dia			
DIRECTOR	1700 Pasture Brok		1.75	Rockvil			Montgomery				
E I	10a. STATE 10b. COUNT	Y	10c. CITY, 1	TOWN OR LOCAT	ION		10d. INSIDE CITY				
	*	gomery	Rock	ville			XX YES 2 □ NO				
FUNERAL	10e. STREET AND NUMSER				ZIP CODE			of what country?			
NE	1700 Pasture Bro	OK Way 12. WAS DECEDENT EVER IN	III ADMED		20854						
	1 Never Married 2 Married	FORCES? 1 YES	2XXNO	Il yes, spe	ENDENT OF HISPANIC Cocify Cuban, Mexican, Pr		Bla	CE — American Indien, ick, White, atc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ALES	1 TYES	2XXNO Specify:		Spe	Asian			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S US	UAL OCCUPATIO	N at al working	16b. KIND OF BUSH	NESS/INDUSTRY				
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use r	retired.)	•						
MP	12 years		Housewife	2							
	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (First, Middle, Maiden S	urname)				
8	Abdul Aziz 19a. INFORMANT'S NAME (Type/Print)		105 MAN INO AL	DOBESS (Street o	unknown	Mumber City or Tour	Ctata Zin Code)				
2	Yousuf Anis			s # 10	TO NUMBER OF HURE HOUSE	Number, City or lown,	State, Zip Code)				
	20a, METHOD OF DISPOSITION	200	PLACE OF DISPOSIT	-	netery, cremetory or	20c. LOC/	ATION — City or	Town. Blate			
	1 Burial 2 Cremetion 3 Ren 4 Donation 6 Other (Specify)	noval from Stata	other place)		Cemetery			aryland			
	21. SIGNATURE OF FUNERAL SERVICE LI		/	22. NAME AN	D ADDRESS OF FACILIT	ry	Ι ,				
	1 / Van al 1	Basivar			vardt Fune		1+~111	e, Md. 20705			
	23. PART I. Enter the diseases, or	complications that cause	the death. Do not					Approximate			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Squamous Cell Carcinoma of the language of the										
_	704 00 100 11	DUE TO (OR AS A	(CONSEQUENCE OF):		,	,					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):								
2	CAUSE (Disease or injury	C	CONSEQUENCE OF):								
Ē	that initiated events reaulting in death) LAST		CONSCOUNTED OF J.								
E		d									
ICAL	PART II. Other aignificant condition	ns contributing to death b	out not resulting in	the underlying	g cause given in Par	t I. 24a. WAS AN A PERFORM 1 YES 2	AED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEC						.		1 VES 2 NO			
Ä		T									
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Check						
¥.	1 YES 2 NO	1 Inpetient 2 ER/Outs	28b. TIME		e 5 Residence 6	Other (Specify)	HIRY OCCUPED				
BY PHYSICIAN: MEDIC	1 Natural 6 Pending 2 Accident Investigation	(Month, Day, Year)	INJUF	WO WO	PRK?	a. DEGOTIGE HOW IV	oon cooned				
	3 Suicide 8 Could not be 4 Homicide detarmined	nd Number or Run	al Route Number,								
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(a) and menner as stated.										
H	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER 296. LICENSE NUMBER										
2											
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IN W W	15h1	NYTON,	Vic. 2	1.003	/			
	MAY 1 7 '90	0	dron-Randoll								
	1911	7000000	ACCOUNT OF THE PARTY OF	7							

		TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within excess after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the b	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL	HYGIENE REG. NO.					
	1. DECEDENT ENAME (First, Middle, Last)	1:	Bingh	n m		2. DATE OF MONTH	DEATH DAY	90	g 3. Ti	ME OF DEATH /820 M		
1	4. SOCIAL SECURITY NUMBER	1×1 M 2 □ F 5	8 YAS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, L		1 00	IRTHPLAC ountry) IRGI	E (State or Foreign		
FOR	9a. FACILITY NAME (If not institution, give s PRESIDENCE OF DECEDENT	creet and number)	tosp (3/e	N Bu	EATH /		COUNTY	F DEATH	1		
DIRECTO	10e. STATE 10b. COUNTY MARYLAND ANNE	E ARUNDEL		N BURNI					1000	INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	7856 BURTON DRIVE	7			ZIP CODE		10g	U.S		COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 X YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DEC	ENDENT OF HISPAN cify Cuban, Maxica	n, Puerto Ric		0- 14. F	RACE — A Black, Whi	merican indian, ita, atc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 16	Gare kind of work We. Do NOT use ret	done during mos	at of working	16b. K	IND OF BUSINES	S/INOUSTR				
	17. FATHER'S NAME (First, Middle, Last) UNKNOWN		001	(SIROCI	18. MOTHER'S NA	ME (First, Mid		me)				
TO BE	19a. INFORMANT'S NAME (Type/Print) MICHAEL ELLIS		V-912-114-2		Number or Rural I				,	061		
	20a. METHOD OF DISPOSITION 1 Grant Burlet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 0	LACE OF DISPOSITION (Ther place)	N (Name of cent	netery, crematory or		BALTI			RYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Rese			AM REESI							
	23. PART I. Enter the diseases, or shock, pr feert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the List only one cause on each s. DUE TO (OR AS A C.)	e Mi		relati				, J	Approximete Interval Between Onset and Deeth		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	ONSEQUENCE OF):	/								
BY PHYSICIAN: MEDICAL C	PART II. Other significent condition		he underlying	g ceuse given in		1 YES 2	D? AMAILABLE PRIOR TO		LABLE PRIOR TO IPLETION OF CAUSE DEATH?			
AN	25. WAS CASE REFERRED TO MEDICAL			26. Pt	ACE OF DEATH (Ch	eck only one)						
SIC	EXAMINER?	HOSPITAL:		THER:	e 5 🗆 Rasidence							
Y PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	F 28c. INJ WO			RIBE HOW INJUR	Y OCCURE	:D			
	2 Accident 3 Suicide S Could not be determined Set. (Specify) 28e. PLACE OF INJURY — All home, ferm, street, factory, office City or Town, Street and Number or Rural Ro								ural Route	Number,		
COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.											
BE	296 SIGNATURE AND TITLE OF CENTRE	(m.	D De	puty	29c. LICENSE NUI	MBER 05	4 290	DATE SIG	NEO (Mor	oth, Day, Year)		
2	30. HAME AND ADDRESS OF PERSON WE	PONE	H (ITEM 27) (Type, Pri	6	95/	Ime	PrICA		21	035		
	31. DATE FILEO (Month, Day, Mar) 1990	Julia Davidson	Andell.									



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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ittending phy	e as the bur	
hospital or a	tached for us	ce.
alned by the	should be der	iffed at on
6 may be ret	tor, page 5 s	ust be not
death. Page	funeral direc	examiner n
4 nours after	illed in by the	e medicai
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit in the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
cate be execu	hysician and e prior to bu	or traumati
death certifi	Nental Hygien	ury, or oth
uires that the	signed by the Health and A	ows any inj
: The law red	cate has been state Dept. of	item 23 sh
G PHYSICIAN	er this certification with the S	rarked, or
R ATTENDIN	IRECTOR: After dea	em 28 is m
HOSPITAL C	FUNERAL D	TANT: IF IN
TO THE	TO THE	IMPOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			MENTAI	HYGIEN REG. NO.	=	20	140	J
1. DECEDENT'S NAME (First, Middle, Last) EDTTH	MARIE	B	AN FLE	lo	MANER	OF DEATH	199	EAR 3.	1ME OF GEATH	
5.19-07-2130	· · · · · · · · · · · · · · · · · · ·		FUNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE (Month	OF BIRTH Day, Year) 21	1914 1	Country)	NA	gn
eninsula General			ь сіту, тоwn о alisbur	y, MD			9c. COUNTY	Y OF DEAT		
OB. STATE 10b. COUNT	OMICO		TOWN OR LOCATI						d. INSIDE CITY LIMITS?	
MARYLAND WIC on STREET AND NUMBER 2011 N. NITHSDA		5/	ALISBUR 101.	ZIP CODE) 1				T COUNTRY?	,
11. MARITAL STATUS Never Married 2 Married 2 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOUR OF	ES 2 NO	If yes, spe	ENDENT OF HISPA city Cuben, Mexic 2 X NO Speci	NIC ORIGIN en, Puerto I			I. RACE — Black, W Specify:	American Indian, hits, etc.	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfn. Do NOT use n	k done during mos etired.)		16b.	. KIND OF BUS		STRY		
12 YEARS 7. FATHER'S NAME (First, Middle, Last)	NO	HOUSE	WIFE	18. MOTHER'S NA	AME /Elest 1	HO				_
CHARLES	UNK	FELLOWS		HENRIE		WIOONS, MAIOSIN	7.7.7.	BENSE	'N	
9a. INFORMANT'S NAME (Type/Print)	ONK		ODRESS (Street ar	nd Number or Rural						-
JACOUELINE COX-D	AUGHTER	2011 1	N. NTTH	SDALE DI	R. SA	LISBUR	Y. MD	2.1	801	
0s. METHOD OF DISPOSITION 5/ XBurlai 2 Cremation 3 Rem	9/90	WICOMICO MI	ION (Name of cert	etery, crematory or		20c. LO	CATION — CH	y or Town,	State	
3. PART I. Enter the diseases, or shock, or heart failure. MMEDIATE CAUSE (Final Isaase or condition southing in death)	List only one cause or		501 S	DAODRESS OF F WAY FUNI NOW HILI de of dying, suc	L RD,	SALIS	BURY,		2 180 1 Approximate intervel Bate Onset and D	WE
Sequentially list conditions, fany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. ON SUNCES		Carolio	vas eula	J B	such .				
PART II. Other significant condition	_	h but not reaulting in	tha underlying	cause given in	Part I.	24a. WAS AN PERFOR	MED?	CC OF	ERE AUTOPSY FIND AILABLE PRIOR TO IMPLETION OF CAL DEATH?	JSE
S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (C						
7. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	25e. DATE OF INJUI (Month, Day, Yes		TY WO		28d. DES	SCRIBE HOW I	NJURY OCCU	RED	4	
3 Suicide 5 Could not be determined	28e. PLACE OF INJI building, etc. (5	URY — At home, farm, stro Specify)	eet, factory, office		28f. LOC City	ATION (Street or Town, State)	and Number or	Rural Rout	Number,	
(orloan orly)	ICIAN: To the best of my ki								nd menner as stat	ed
96. SIGNATURE AND TITLE OF CERTIFIE	Colfford	mo-		29c. LICENSE NO.					onth, Day, Year)	
IN NAME AND ADDRESS OF PERSON WI	00	D Suite	rini) E 12 M	EDICAL	ENTE	e Så	A ISBUR	24 M	10 2/80/	

90 11 00

TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within an after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: Atter this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filled within the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within property. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the State of the state of
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30. NAME AND ADDRESS OF PERSON V 500 Ruggs 31. DATE FILED (Month, Day, Year) 447 0 9 '90

the Savidson Mandage

	FOR STATE REGISTRAR		STATE OF	WARYLAND /		RTMENT				MENTA	AL HYGIENI REG. NO.	E	90	1403	7
	1. DECEDENT'S NAME (First, JULIA	, , , ,	HELEN			Ba	nk:	5		MON	E OF DEATH DA	Y	YEAR 990	3. TIME OF DEATH	м
	4. SOCIAL SECURITY NUMB 215-26-7381	ER	5. SEX 1 M 2 K F	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATI	E OF BIRTH	1928	8. BIRTH Countr	IPLACE (State or Foreign	
OR	90. FACILITY NAME (If not in Peninsula Ge	neral				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUR					OMICO				
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	COMICO		10c. CIT	ry, town (OR LOCAT	ION			÷			10d. INSIDE CITY LIMITS?	
	MARYLAND 100. STREET AND NUMBER			SAI	ISBU 101	. ZIP COD				10g. CIT		1 ☐ YES 2 X NO	-		
BY FUNERAL	RT 1 BOX 550 ALLEN RD 11. MARITAL STATUS 1 \(\text{Decedent EVER IN U.S. AR FORCES?} \) 1 \(\text{YES} \) 2 \(\text{N} \) IF YES, GIVE WAR OR DATES						If yes, sp		OF HISPAN	n, Puerto	IN? (Specify Yes o Rican, etc.)	or No-	14. RACI	SA E — American Indian, k, White, etc. WHITE	
COMPLETED		EDENT'S EDUC y highest grade		(G	ive kind of Do NOT u	S USUAL O work done see retired.)	during mo		ing	16	POULTR				
BE COM	17. FATHER'S NAME (First, M ANDREW		NO.	WODYKA		OKE			HER'S NA	- ' '	, Middle, Maiden		-11		
TO B	19a. INFORMANT'S NAME (7)	IPS							or Rural I		mber, City or Town		o Code)		
	20a. METHOD OF DISPOSITI	(Specify)		PARSOI	OF DISPO	EMETE	RY	netery, cre	metory or						
	21. BIGHAGONE OF FUNEBA	21. BIGHASTORE OF PUNESAL SERVICE LICENSEE				22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME, PA							21801		
	23. PART 1. Enter the diseases, Dr complications that any ed the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feiture. List only one cause an each line. IMMEDIATE CAUSE (Final diseases Dr condition resulting in death) 3. Parma Fallows DUE/TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or Injury that initiated events resulting in death) LAST														
PHYSICIAN: MEDICAL CI	PART II. Other significa	ent condition	s contributing to	death but not i	resulting	In the u	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	RMED?	241	D. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	_
SICIAN	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	ER/Outpetlent 3	□ noa	OTHE	R:		DEATH (Ch						
	27. MANNER OF DEATH 1 Netural 6	Pending Investigation	28a. DATE O		26b. TR	-	28c. INJ WO			28d. DE\$CRIBE HOW INJURY OCCURED					
TED BY	2 Accident 3 Suicide 6 4 Homicide					26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLET	4 Homicide detarmined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and dua to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and dua to the cause(s) and manner as stated.														
TO BE	29b. SIGNATURE AND TITLE		29c, LICENSE NUM D 2 4 8 7				72 > 5/7/90			(Month, Day, Year)					
	30. NAME AND ADDRESS OF THE PROPERTY OF THE PR	CRS1	de	DRIUE AR'S SIGNATURE		e, Print)	PAL	SK	1011	ey 1	nd		′		
1	MANA CO	/	Jan The May 171							,					

DHMH-16 Rev 1/89

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the face. Page 6 may be retained by the hospital or attending physician. TO THE FUNEAGL STACEOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. De field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, MAY 0 9 '90

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPA CERTII	RTMEN	T OF H	EALTH AND		IYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Las	BOR	OWIF	7K			2. DATE OF MONTH	_ DAY	YEAR	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 2/3 -22 -8/02	1 - M 2 XF	(In yrs. lest birthday) YRS.	MONTHS	DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF I (Month, Da NOV.	IV. Year)	Coun	HPLACE (State or Foreign try) RYLAND		
	ninsula General Hospital					EATH		Wicomic			
10e. STATE 10b. COUR	NTY COMICO	10c. C	TY, TOWN	OR LOCAT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
100. STREET AND NUMBER 1012 BEAGLIN	PARK DR, APT.	101		101	ZIP CODE	801	1		WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	N U.S. ARMED	13.	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexics 2 XNO Specifi	m, Puerto Rice	ipecify Yes or n, etc.)	No 14. RAC	CE — American Indian, ck, White, atc.		
15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT (Give kind o life. Do NOT SALES	f work done use retired.)	during mo	ON at of working	16b. Kih		ATI, STO			
12 YEARS 17. FATHER'S NAME (First, Middle, Last) PAUL B	NO PHT	LLIPS	PER	SON	16. MOTHER'S NA			mame)	LLS		
19a. INFORMANT'S NAME (Type/Print) RANDY HANEY		19b. MAILIN			RUN, SAL	Route Number,					
20s. METHOD OF DISPOSITION 5	/7/90 emoval from State	. PLACE OF DISP	OSITION (N	ame of cer	metery, crematory or		20c. LOCA	TION — City or 1			
21. BIGHATURG OF PLANETIAL BERVISE	SPRINGHILL MEMORY GARDENS HEBRON, MD SPRINGHILL MEMORY GARDENS HEBRON, MD 22 NAME AND ADDRESS OF FACILY HOLLOWAY FUNERAL HOME, PA 501 SNOW HILL RD SALISBURY, MD 21801										
immediate Cause (Final disease or condition resulting in death)	re. List only one cause on a	iac	An	es C	ode of dying, suc	ch ss cerdisc	or respirat	tory srrest,	Approximate interval Betwee Onset and Des		
Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											
that initiated events resulting in deeth) LAST	d	CONSECUENCE	Or j.								
PART II. Other algorificent condition	ione contributing to death t	out not resulting	g in the u	nderlyin	g ceuse given in		e. WAS AN AL PERFORMI	ED?	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		LACE OF DEATH (C)	heck only one)					
1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	Inpatient 2 - ER/Out 28a. DATE OF INJURY (Month, Day, Year)	28b. T		IRY WORK?							
2 Accident investigation 3 Suicide 6 Could not 6 4 Homicide determined		Bf. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.											
29a. CERTIFIER (Check only one) 29a. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29a. LICENSE NUMBER 29a. LICENSE NUMBER 29a. LICENSE NUMBER 29a. DATE SIGNED (Month, Day, Year) 5/3/90 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Chay For J. Road M.D. PO BOX 2636 Salis bury, MD 2180/											
NAME AND ADDRESS OF PERSON CLay Voc 31. DATE FILED (Month, Day, Year)	401	A D	Po B	σΚέ	2636	Sale	bar	y Me	2180/		

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באבווווסבר, וווערובאום	hours after death. Page 6 may be retained by the hosp	led in by the funeral director, page 5 should be detached, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.C. BOX 13135,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he find within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF	MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
		ERTIFICATE	OF DEAT	ГН		REG. NO.
 					1	

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC				HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First. Middle. Last)					2. DATE OF	DEATH		3. TIME OF DEATH			
	MARY LILLIAN	N BROMWELL				MAY	11. 1°	990	74500			
			(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	6. BIF	THPLACE (Sine of Formion			
	218-20-6121 9e. FACILITY NAME (If not Institution, give stre		78 YRS.	ONTHS DAYS	HOURS MIN.		8/1912	M	ARYLAND			
DIRECTOR	DORCHESTER GENERA			CAMBRIDGE				9c. COUNTY OF DEATH DORCHESTER				
EC	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION					10d. INSIDE CITY			
8	MARYLAND DO	CAME	RIDGE				LIMITS?					
	10e. STREET AND NUMBER	RCHESTER			I. ZIP CODE		10	10g. CITIZEN OF WHAT COUNTRY?				
3	209 BYRN STREET				21613			11	.S.A.			
FUNERAL		12. WAS DECEDENT EVER	N U.S. ARMED		ENDENT OF HISPAN	NIC ORIGIN?		No- 14, R/	CE - American Indian.			
	1 🔀 Never Married 2 🗌 Married	FORCES? 1 YES			ecity Cuban, Mexica		an, etc.)		eck, White, etc.			
B	3 Widowed 4 Divorced								ITE/CAUC.			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION ompleted)	16a. DECEDENT'S U	SUAL OCCUPATI	ON ost of working	16b. K	IND OF BUSINE	SS/INDUSTRY				
	Elementary/Secondary (0-12)	Callege (1-4 or 5+)	Ille. Do NOT use	retired.)								
M I	7th grade		ASSISTAN	T DIETI	CIAN	H	EALTH (CARE/H	OSPITAL			
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Mic	Idle, Maiden Sun	name)				
BE	LEVIN EDWARD BR	OMWELL, SR.				SAN (
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural i							
	MR. WILLIAM DAVID				AVENUE,							
	20q-METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Remove	val from State	b. PLACE OF DISPOSI other place)					ION — City or				
10	4 Donation 5 Other (Specify)	C	HRIST EPI	SCOPAL	CHURCH C	EMETE	RY CAN	BRIDG	E. MARYLAND			
	(1)	4	/18		AN FUNER		ME					
	* Jollen Fur	con- Hu	mevell	308	HIGH ST.	, CAM	BRIDGE.	MD.	21613			
	23. PART I. Enter the diseases/or co shock, or heart fallure. U			t enter the m	ode of dying, auc	ch as cardle	c or respirat	ory arrest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final				_				Onset and Death			
	diseese or condition resulting in death)	Metoch	etic B	rain Carcinoma Carcinoma			a		3 Martha			
	resulting in death) . a.	Metastonos	ACONDECTOR OF DE						3 Month			
z	b. The second se	Villous	adens	carci	40ma							
위	Sequentially list conditions, if any, leading to immediate	Ville Ogn As	AT BUSINESS	cinoma								
2	cause. Enter UNDERLYING CAUSE (Disease or injury							_				
#	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)	:								
CERTIFICATION	resulting in death) LAST											
	PART II. Other algnificant conditions	contributing to death	but not resulting in	the underlylr	ig cause given in	Part I. 2	4a, WAS AN AU		24b, WERE AUTOPSY FINDINGS			
2	Diabeter			PERF					AVAILABLE PRIOR TO COMPLETION DF CAUSE			
	Diabetes				1				OF DEATH?			
3												
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (Ch	heck only one)						
SIC	EXAMINER?	HOSPITAL: 12 Inpatient 2 ER/Out		OTHER:	ne 5 🗆 Residence	6 Other	'Specify)					
Н	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME	OF 28c, IN	JURY AT	_	RIBE HOW INJU	JRY OCCURED				
Y	Natural 5 Pending	(Month, Day, Year)	INJU		ORK? YES 2 NO			HOW INJURY OCCURED				
) BY	2 Accident investigation 3 Suicide 6 Could not be					t and Number or Rural Route Number,						
TE	4 Homicide determined	building, etc. (Spe	ecity)			City or	rown, State)					
Ä	29a. CERTIFIER 1 CERTIFYING PHYSIC	AN: To the best of my kng	wiedge, death occurred	d et the time, dat	e and place, end due	e to the cause	e(e) end manne	r as stated.				
COMPLETED	29a. CERTIFIEN 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred et the time, date and place, end due to the cause(e) and manner as stated. One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.											
	296, SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUMBER									
BE	51.11/1.	29c. LICENSE NUMBER				29d. DATE SIGNED (Month, Day, Year)						
	30. NAME AND ADDRESS OF PERSON WHO CONDUCTED CAUSE OF DEATH (ITEM 27) (Type, Print) Educand J. Mac Lauphlu 10 Aurora 7, Cambridge Md 21613 31. DATE MER MORTING OF MACLA SEPTEMBERS IN AUTORA St., Cambridge, Md. 21613											
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)			~	May	11//1990			
5	30. NAME AND ADDRESS OF PERSON WHO Educad J. 1	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)	turora.	FA (Gembr.	de	My 216/3			

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2117	VERA	7 uin	T. H
2	E FU!	d with	RTA
Ĕ	FLO	e filec	MPO
-		۵	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical argument be notified at once.

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) ASHIEV LYNN	Bowie	7			2. DATE OF DEATH DO	" 08 J	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS N/A N/A	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	(BIRTHPLACE (State or Foreign Country) Mary land			
E E	90. FACILITY NAME (If not institution, give street Southern Mar	yland Ho	spital		OR LOCATION OF DE	0-00	9c. COUNTY	of DEATH e George			
RECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY	, TOWN OR LOCA				10d. INSIDE CITY LINUTS?			
AL DIR	10e. STREET AND NUMBER	rles			. ZIP CODE		100	1 ☑ YES 2 ☐ NO OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS 11	2. WAS DECEDENT EVER IN FDRCES? 1 YES	U.S. ARMED	13. WAS DEC		HC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	-	RACE — American Indian, Black, White, alc.			
B≺	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TYES	2 NO Specify	r		white			
LETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)		Iffe. Do NOT use	ork done during me	on at of working	166. KIND OF BU	ness/indust	RY			
COMPLET	17. FATHER'S NAME (First, Middle, Last)			rie	16. MOTHER'S NA	ME (First, Middle, Malden		cheungrab			
TO BE	19a. INFORMANT'S NAME (Type/Print) Janet L. Sch	zungrak		ADDRESS (Street &	and Number or Rural I	Route Number, City or Tow	m. State. Zip Coo				
	or Town, Stata										
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN		rinity	22. NAME A	ND ADDRESS OF FA	CILITY	<u>Jaido</u> TT FUN	ERAL HOME, INC.			
Н	23. PART i. Enter the diseases, or cor										
	ahock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition reculting in death) a.	it only one cause on e	phyxia	à .				Interval Between Onset and Death			
z		DUE TO (OR AS A	consequence of		enecep	malv		lhr			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury										
ERTIFI	that initiated events resulting in death) LAST										
CAL	PART II. Other algnificant conditions	contributing to death b	out not resulting i	n the underlyin	g cause given in	PERFD	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE			
MEDI						1 (V)YES	2 □ NO	OF DEATH? 1 ☐ YES 2 NHD			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)					
HYSI	1 TYES 2 ND 1 27. MANNER DF DEATH	Inpetient 2 ER/Out	28b. TIM	4 Nursing Ho	JURY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	NED			
ВУ Р	1 X Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	N	A M 10	YES 2 ND	NA					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	At home, form, s	street, factory, offi	De .	28f. LOCATION (Street City or Town, State		Rural Route Number,			
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of warming and arrive investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	Aick	on	$\overline{}$	29c. LICENSE NUI	MBER 7	29d. DATE S	IGNITO (Monthy Day, Year)			
FRANCIS D. DICKSON, MD 7700 OLD BR. AVE. #A-104 CLINTON,											
	31. DATE FILED (Month, Day, Year)	32 RECUSTRAR'S SIGN	INTURE Rand	elle.			<u>:</u>	20735			

O None None

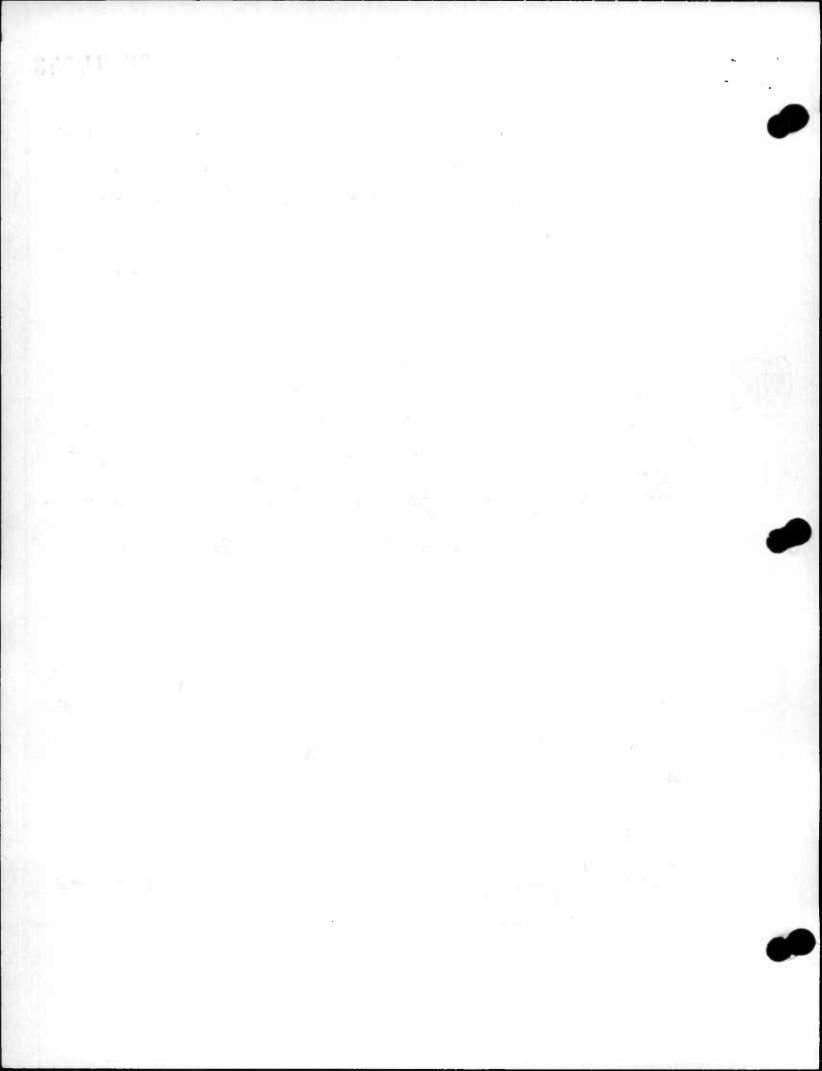
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate ha	filed within 72 hours after death with the State D	intended it is it is maded or item
	10	TO T	be fil	IA2D

31. DATE FILEO (Month, Day, Year)
(MAY 15 3)

5 '90

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR	RTMEN	T OF H	EALTH AND I	MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)		0					OF OEATH			TIME OF DEATH	
	CARLISLE	HERRIMAN BUR	RROUGHS				MAY			AR C	0500 M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In	yrs. lest birthday)		R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTN h, Day, Year)	6.1	BIRTNPLA	CE (State or Foreign	
	578-14-8352		73 YRS.	MONTHS	DAYS	HOURS MIN.	MAY 16, 1916 PENNSYLVANIA					
_	9a. FACILITY NAME (If not institution, give st	treet and number)		9b. CIT	Y, TOWN C	OR LOCATION OF DE	ATH		9c. COUNTY OF DEATH			
DIRECTOR	2070 BAPTIST CH	URCH ROAD		ME	CHAN	ICSVILLE		ST. MARY'S				
E C	10e. STATE 10b. COUNTY	r	10c, Cf	ry, town	OR LOCAT	TION				10d	I. INSIDE CITY	
	MARYLAND ST.	MARY'S	ŀ	1ECHA		VILLE			10g. CITIZEN		YES 2 X NO	
BY FUNERAL	2070 BAPTIST			U.S		COUNTRY						
S	11. MARITAL STATUS	IIC ORIGII	N? (Specify Yea		RACE -	American Indian,						
E	1 Never Married 2 Married	FORCES? 1 YES			If yes, sp	ecify Cuban, Maxica	n, Puerlo			Black, Wi Specify:	nita, etc.	
	3 Widowed 4 Divorced									WH	ITE	
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade		16a. DECEDENT'S	Work done	during mo	ON ost of working	166	. KIND OF BU	SINESS/INDUST	TRY		
빌	Elementary/Secondary (0-12)	College (1-4 or 5 +)						ATTENO				
M	1.2 17. FATHER'S NAME (First, Middle, Last)		MECHA	MINIC		18. MOTHER'S NA	DOF COL	AUTO	0			
	WILLIAM BARKER B	URROUGHS							ERRIMA	N		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRES	S (Street a	and Number or Rural I					-	
5	LEOLA S. BURROUGH	S									MD. 20659	
	20a. METNOD OF DISPOSITION 1X Burlel 2 Cremation 3 Ram	20b.	PLACE OF DISPO	SITION (N	ame of cei	metery, crematory or		20c. LO	CATION — City	or Town,	State	
	4 Donation 6 Other (Specify)	Ovali from State	CHRIST	EPIS	COPA	T		CH	APTICO	, MA	RYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE .	1			ND ADDRESS OF FA		т номе				
	Colward W.	Austral	1/1/			BOX 279,				RYLA	ND 20650	
	23. PART I. Enter the diseases, or shock, pr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that chused List only one cause on as	ch line.								Approximate interval Between Onset and Death	
	Transition of the second	DUE TO (OR AS A										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. OUE TO (OR AS A	CONSEQUENCE (OF):								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	C										
ᄩ	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE (OF):								
馬		d										
CAL	PART II. Other algnificant condition	na contributing to death bu	it not resulting	In the u	nderlyln	g cause given in	Part I.	24a. WAS AN PERFOI			RE AUTOPSY FINDINGS	
8								1 TYES	1	CO	MPLETION OF CAUSE DEATH?	
MEDI											YES 2 NO	
ä												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		LACE OF DEATH (Ch	eck only o	ne)				
YSI	1 VES 2 NO	1 inpetient 2 ER/Outpe	ntient 3 🗆 DOA		irsing Hon	ne 5 Residence	6 🗆 Oth	er (Specify)				
à l	2 Accident Investigation	28e. PLACE OF INJURY	— At home form	struct for		YES 2 NO	284 1 04	CATHON (Street	and Number or	Dural Days	Mumbas	
COMPLETED	3 Suicide 6 Could not be 4 Nomicide determined	building, etc. (Speci	(y)		ciory, orne			or Town, State,		nurai ributi	e reamber,	
12	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowle	edge, death occur	rred at the	time, date	and place, and due	to the ca	use(e) and ma	nner as atated.			
OM	Tonoun only	ER: On the basis of examination								ause(a) an	d manner as stated.	
	296. STGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE NUI	MBER		29d. DATE S	IGNED (Mo	orith, Day, Year)	
O BE	long /m	Asm s				D14285			1 3	-14	1-90	
임	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF DEA	TN (ITEM 27) (Typ	e, Print)								
	WILLIAM D. BOYD, I			SON S	TREE	ET, LEONA	RDTO	WN, MA	RYLAND	206	50	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE									

Julia Saindson-Randella

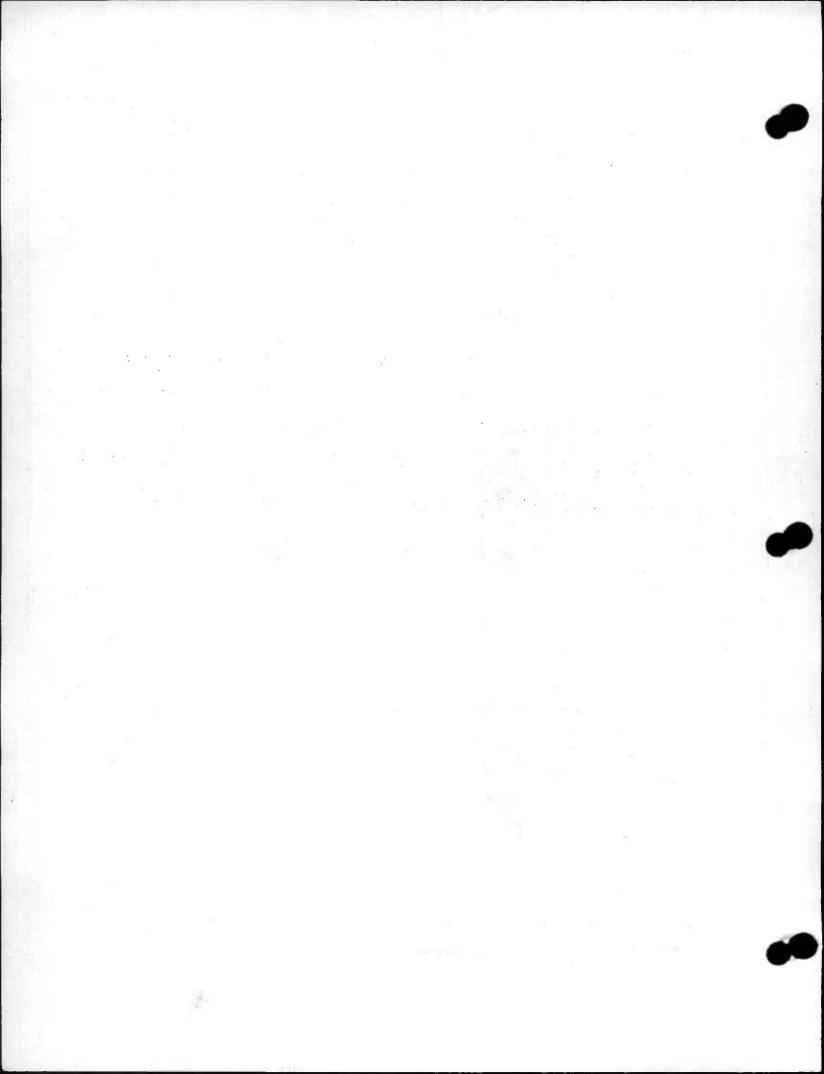


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LOF	DIE.	hou	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within which after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOS	FUN	with	TAN
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2	2	90	M

31. DATE FILED (Month, Day, MAY 0 9 '90

1 - STATE REGISTRAR	SIMIEUPI	MARYLAND / CE	ERTIF						HYGIEN REG. NO.		0-1	14844		
1. DECEDENT'S NAME (First, Middle, La.	1)	"						2. OATE OF MONTH	OEATH	NA.	YEAR	3. TIME OF DEATH		
RALPH	JAMES]	BROMI	ΕY				MAY	6, 19	90	i seni	10:00 a M		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	6. AGE (In yrs. lest birthdey) IF UNDER 1 Y			IF UNDER		7. DATE OF (Month, L		8. BIRTI	HPLACE (State or Foreign			
217-14-8458	1 X XM 2 🗌 F	67	YRS.	MONTHS	ONTHS DAYS HOURS MIN.			MAY 24, 1922			MARYLAND			
9e. FACILITY NAME (If not institution, gir	e street and number)			9b. CITY	TOWN C	R LOCATI	ON OF O	_		_	JNTY OF E	DEATH		
TI, JONES RO	AD				EDE	N				WIC	COMIC	00		
RESIDENCE OF DECEDENT														
RT 1, JONES RO RESIDENCE OF DECEDENT 10a. STATE MARYLAND W		10c, CIT	Y, TOWN C	DEN	ION						10d. INSIDE CITY LIMITS?			
												1 TYES 2 NO		
10e. STREET AND NUMBER	10e. STREET AND NUMBER					ZIP CODI				10g. CI	TIZEN OF	WHAT COUNTRY?		
RT 1, JONES R	RT 1, JONES ROAD						322				Ţ	JSA		
Toe. STREET AND NUMBER RT 1, JONES R 11. MARITAL STATUS 1 Naver Married 2 Y Y Married	NT EVER IN U.S. AR	MED					NIC ORIGIN7 (or No-	14. RAC Blec	E American Indien, ik, White, etc.			
1 Never Married 2 XXMarried 3 Widowed 4 Divorced		WAR OR DATES				2 XNO			,		Spec	•		
	•			1				- 1				WHITE		
15. DECEDENT'S E (Specify only highest gr Elementery/Secondary (0-12) 6 YEARS 17. FATHER'S NAME (First, Middle, Last)	ide completed)	(G	CEDENT'S live kind of a Do NOT us	work done	during mo	on at of working	ng	16b. K	IND OF BUS	SINESS/IN	DUSTRY			
Elementery/Secondary (0-12)	College (1-4 or 5	+)	PERA					l lue	AVY I	THOS	DMFN	r		
6 YEARS	NO	0.	PENA	UK	_									
	TTAM	DDOMI	EV (מי			JSCI:	ME (First, Mic		GINI.		GREEN		
m	LLIAM	BROML										GREEN		
O THE INFOHMANT'S NAME (Type/PTINI)								Route Number		_	(ip Code)			
CATHERINE DRIDE							_	, MD	2182					
1 X Buriel 2 - Cremelion 3 - R	/9/90 emoval from State	20b. PLACE other pl	lace)			netery, crer	natory or			c. LOCATION — City or Town, State				
4 Donetion 5 Other (Specify)		PARSO	NS CI								MD 21801			
21. SIGNATURE OF FUHERAL SERVICE	LICENSEE	1		22. H	HOLL	D ADORE	FUN	FUNERAL HOME, PA						
1 Vetala	BULLEVA	cecae	-					L RD, SALISBURY, MD 21801				D 21801		
23. PART I. Enter the discoses,	complicatione th	at caused the de	n. Do	not enter	the mo	de of dy	ing, auc	h ea cardie	c or reapl	Approximate				
shock, or heart fellu	e. List only one ca	use on each line	<i>l</i> .									Interval Between Onset and Death		
immediate cause (Finel disease or condition	C'ase	00/0 1	001	n.		wa. /	-			_		1000		
resulting in death)	a. Case	O (OR AS A CONSE	OUENCE O	fi:	7	TY	7	1276-				MINA		
-1	- Care	Place as	INSECUENCE OF):					,		9		C Mas		
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissease or injury that initiated events resulting in death) LAST	b. DUE TO	DUE TO (OR AS A CONSEQUENCE OF):								- 10200				
if any, leading to immediate cause. Enter UNDERLYING				JENCE OF):								ļ		
CAUSE (Disease or injury that initiated events	C. DUE TO	O (OR AS A CONSE	QUENCE O	F):										
resulting in death) LAST	4													
	_ d.													
PART II. Other significant condi			_				given in	Part i. 2	4a. WAS AN		24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
Paris Paris	P. Mensel V								YES 2	NO		COMPLETION OF CAUSE OF DEATH?		
Period	Trend 1	Jurul	- Q	Des	in.	4						1 YES 2 NO		
	, –													
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:	☐ ER/Outpetient 3	B DOA	4 Nu		o 5 []-17	esidence	8 🗆 Other (Specify)					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1 Inputiont 2	28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK?								NJURY O	CCURED			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF DEATH	28a. DATE O	(Month, Day, Year)						28d. DESCRIBE HOW INJURY OCCURED						
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 MM 27. MANNER OF DEATH 1 Matural 5 Pending Investigation	28a. DATE O (Month,	Day, Year)		M	1 🔲	1 YES 2 NO								
EXAMINER? 1 VES 2 MO 27. MANNER OF DEATH 1 Retural 5 Pending Investigation	28a. DATE O (Month,	OF INJURY At he	IN	M street, fac			NO				er or Rural	Route Number,		
2 Accident Investigation 3 Suicide 8 Could not determine	28a. DATE O (Month, on 28e. PLACE building	Day, Year)	IN	M street, fac			NO		TON (Street Town, State)		er of Rural	Route Number,		
2 Accident Investigation 3 Suicide 8 Could not determine	28a. DATE O (Month, on 28a. PLACE building	Day, Year) OF INJURY At he atc. (Specify)	ome, ferm,		tory, offic	•		City or	Town, State)			Route Number,		
2 Accident Investigation 3 Suicide 8 Could not determine	28e. DATE O (Month, on 28e. PLACE building YSICIAN: To the best of	Day, Year) OF INJURY — At he g, etc. (Specify) of my knowledge, de	ome, form,	red at the	tory, offic	end place	, end du	City or	Town, State)	nner as si	lated.			
2 Accident investigation 2 Accident investigation 3 Suleide 8 Could not determined 4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	28a. DATE O (Month, be be building YSICIAN: To the basis of	Day, Year) OF INJURY — At he g, etc. (Specify) of my knowledge, de	ome, form,	red at the	tory, offic	end place	, end du	City or	Town, State)	nner as st	lated. the cause	(e) and manner as stated.		
A Suicide S Could not determined 29e. CERTIFIER 1 CERTIFYING PE	28e. DATE O (Month, be be be building YSICIAN: To the best of INER: On the basis of	OF INJUST At he at h	ome, form,	red at the	tory, offic	end place leath occu	e, and due red at the	e to the cause time, date a	Town, State)	nner as st	lated. the cause			

DHMH-16 Rev 1/89



FOR

	1 - STATE REGISTRAR	SIAIE UP M		RTIF	ICATI	EOF			TENTAL	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)				12		4.1		2. DATE OF MONTH		AY	YEAR	3. TIME OF DEATH		
	CATHERINE 4. SOCIAL SECURITY NUMBER	WALES 5. SEX	0 000 da face		Ur	0/11/1	ey		5	8		90	475 M		
	220-10-8322	1 M 2 X F	8. AGE (In yrs. Inst	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF (Month, L	Day, Year)		Counti			
	9e. FACILITY NAME (If not institution, give si		00	1110.	oh CITY	/ TOWN C	P I OCATI	ON OF DE	MAY	17.	1921	MAK NTY OF D	RYLAND	-	
Œ	Peninsula General										Wicomico				
5	RESIDENCE OF DECEDENT			Salisbury, MD							Wic	COMIC	0	5	
DIRECTOR	100. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY LIMITS?		
		ERSET			EDE								1 YES 2 NO	_	
RAL	100. STREET AND NUMBER					101	ZIP COD				10g. CIT		WHAT COUNTRY?		
FUNERAL	RT 1, JONES ROAD		TICT IN II O AT	2 1822 ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify V						- 4 14			ISA	_	
BY FU	1 Never Merried 2 Merried 3 XWidowed 4 Divorced	Never Merried 2 Merried FORCES? 1 YES 2 X IF YES, GIVE WAR OR DATES				If yes, sp	cify Cube		, Puerto Ric		e or No		E — American Indian, k, White, atc. ////////////////////////////////////		
0						CCUPATIO	N et of worki	na	16b. K	IND OF BU	SINESS/IN	DUSTRY			
	Elementary/Secondery (0-12)	College (1-4 or 6+)	- Alba	Do NOT u	se retired.)	donny mo	or or works	'y							
COMPLETED	7 YEARS	NO	SA	LES	CLEF	KK				DRUG		E			
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Mid						
B	CLARENCE 190. INFORMANT'S NAME (Type/Print)	W.		RYDEN		S /Street o	-	IVE	loute Number,	NK		ARVE	ΣΥ		
5	22.0	AUCUTED							RY, M		1801	o Code)			
	WANDA B. RAYNE-D	2/90	20b. PLACE	OF DISPO	SITION (N	eme of cer			кі, г			City or To	own, State		
	1 X Buriel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State	PARSO	NS (CEMET	ERY		20c. LOCATION — City or Town, State SALISBURY, MD							
	21. MCHATURE OF FUNERAL SERVICE LIC	ENSEE			22,	NAME A	WAPPE	SS OF EAC	RAT. H	OME.	РА				
	MILLO	the Olan	and	HOLLOWAY FUNERAL HOME, PA 501 SNOW HILL RD, SALISBU											
	23. PART I. Enter the diseases, be- shock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death)		tive or		T	r ths mo	ds of dy	ing, suci	n ss cardis	c or resp	iratory sr	rest,	Approximats Interval Batween Onset and Death		
CERTIFICATION	Sequentially list conditions, if sny, leading to immediets cause. Enter UNDERLYING CAUSE (Disease or Injury	С	OR AS A CONSEC												
ERTIF	that initiated events resulting in death) LAST	d	OR AS A CONSEC	DUENCE C	и г):										
MEDICAL	PART II. Other significant condition	s contributing to	death but not r	ssulting	in the u	ndsriyin	g cause	given in		PERFO	RMED?	241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL					26, PI	ACE OF E	DEATH (Ch	eck only one)					-	
SIC	EXAMINER?	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHE		6 8 A	esidence	8 🗆 Other (Specify)				Ī	
BY PHYSICIAN:	27. MANNSA OF DEATH 1 Netural 5 Pending Investigation	28b. Til	ME OF JURY		PURY AT PRK? YES 2	□ но	28d. DESC	RIBE HOW	INJURY O	CURED					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At ho etc. (Specify)	ome, farm,	street, fac	ctory, offic	•			ION (Street Town, State		or Aurai	Route Number,		
building, etc. (Specify) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State) City or Town, State)							(e) and manner as stated.								
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Herer	M				29c. LJC	130			29d. DA	TE SIGNE	O (Month, Day, Year)		
20. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WILLIAM B. HORNER, MD, 100 POWER STREET, SALISBURY, MD 21801															

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31. DATE FILED (Morith, Bay, Year)
MAY 1 5 90

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAI CERTIF					HYGIENI REG. NO.	E				
()	1. DECEDENT'S NAME (First, Middle, Last)		1				2. DATE OF	OEATH			3. TIME OF DEATH		
	/LINWOOD BOLDEN						05/0	05/19		YEAR	8.404 M		
			n yrs. last birthday)			IF UNDER 24 HRS.	7. DATE OF			8. BIRTH Countr	PLACE (State or Foreign		
	210-3000-3	X M 2 □ F	36 YRS.	MONTHS	DAYS	HOURS MIN.		22/53			Maryland		
OR	9e. FACILITY NAME (If not institution, give street Deers Head Center	et and number)		lisb	ULA	HTA3	EATH CO						
ᇈ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c CF	ry. TOWN (DR LOCAT	ION			10d, INSIDE CITY				
E	100 00 00 00 00 00 00 00 00 00 00 00 00	chester		.,		burg				- 1	LIMITS?		
ادّ	10e. STREET AND NUMBER		'			. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?		
ER	P.O. Box 203 21632								11.	J.S.A.			
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No-								or No-	14. BACE	- American Indian.			
BY F	1 Never Married 2 Married FORCES? 1X-XYES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, Whi Specify: Spe								fv:				
									Black				
	15. DECEDENT'S EDUCA' (Specify only highest grade co	mpleted)	16a. DECEOENT'S (Give kind of	work done we retired.)	during mo	on st of working	16b. K	INO OF BUS	INESS/IN	OUSTRY			
7	(Specify only highest grade completed) College (1-4 or 5+) College (1-4 or 5+) 12th Food Processor Chicken Plant								t t				
COMPLETED	17, FATHER'S NAME (First, Middle, Last)		1 000	110		18. MOTHER'S N				1 Lui	10		
BEC	George Bolden					Lorra	ine B	atsn	n Bi	n 1 de	n		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRES	S (Street a								
2	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Mrs. Lorraine Bolden P.O. Box 203, Federalsburg, MD 216								21632				
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 Remove	20b	PLACE OF DISPO	SITION (N	ime of cei	metery, cremetory or		20c. LO	CATION -	City or To	wn, Stata		
	4 Donation 5 Other (Specify)		Fe	der	al !	HILL CE	em.	Fed	<u>dera</u>	ılsb	urg, MD		
						nptom-F		ne Fi	IDer	-al 1	Homo		
	Muchael 7 Gs	Com			- ed	eralsbu	ira. N	4D 2	1632) al 1	nollie		
	23. PART i. Entar tha diseases, or countries shock, or heart failure. Lie			not antar	tha mo	da of dying, au	ch aa cardla	c or reapl	retory ar	rrest,	Approximata interval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition	Pneumocyst	is Pneu	nonia							1 Month		
	resulting in death) a.		CONSEQUENCE		•						Hone		
NO	Sequentially list conditions, b.	End Stage A	consequence	Immu	ınod	eficienc	y Synd	rome			2 Months		
ĔΙ	if any, leading to immediate cause. Enter UNDERLYING	ORAL CANDID)r):							1 sMonth		
윤	CAUSE (Disease or injury that initiated events		CONSEQUENCE	DF):							1 SHOILLI		
CERTIFICATION		Syndrome of	Inappr	opria	te /	Anti Diu	retic	Horm	one		1 Month		
	PART II. Other significant conditions						11000	4a. WAS AN		1 245	WERE AUTOPSY FINDINGS		
PHYSICIAN: MEDICAL	Decubitis Ulcers	continuently to beautiful	at not resulting	in the th	ide iyin	y cause given ii	1	PERFOR	RMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	Decupitis ofcers							1 TYES 2	X ND		OF DEATH?		
Σ											1 TYES 2 NO		
NA	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C	Check only one)						
SIC		HOSPITAL: I ∰Onpatient 2 ☐ ER/Outp	patient 3 DOA	OTHE		ne 5 🗆 Residence	6 Other	(Specify)					
ξĺ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. Ti	ME OF		JURY AT	28d. DESC	RIBE HOW I	NJURY O	CCURED			
ВУБ	1 Netural 5 Pending 2 Accident Investigation	М		YES 2 ND									
G	3 Suicide 8 Could not be building, etc. (Specify) 281. LOCATION (Street and Number of Hural House N determined										Route Number,		
Ë	29a. CERTIFIER (Check polity) CERTIFYING PHYSICI.	AN: To the best of my know	ledge, death neces	red at the	time date	and place, and 4	in to the cause	e(a) and me	ner se se	ated			
COMPLET	const.	On the basis of examination									s) and menner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	/	-///			29c, LICENSE NI					(MogRi, Day, Year)		
BE	B Ine to	F N.	/ haus	MI	1	D2005			▶ .	5/5	192		
2	30. NAME AND ADDRESS OF PERSON WHD	COMPLETED CAUSE OF DE					_		- 7	1 -/	10		
	Dr. Chan P.O.	Boy 2018 Sa	lichury	Md	2180	2							

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examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ne funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hosp

	FOR	STATE OF MARY	YLAND / D	FPARTMEN	T OF H	FAITH AND N	MENTAL HYGIEN	F	90	14847
1	- STATE REGISTRAR	OTHE OF HIME		RTIFICAT			REG. NO.			
,	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF DEATH MONTH DA		YEAR 3. T	TIME OF DEATH
	Lav	vrence	I	١. ١	Brani	son	5-15-90		TEAN	10:55AM M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest b		R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Dev. Year)		8. BIRTHPLA Country)	CE (State or Foreign
		1 🔀 M 2 🗌 F	91	YRS. MONTHS	DAYS	HOURS MIN.		.899	Mary	land
۱ (9a. FACILITY NAME (If not institution, give :	street and number)		9ь. СП	Y, TOWN O	R LOCATION OF DE			TY OF DEATH	
	Holy Cross Hospi	tal			Sil	ver Spri	na	Mont	gomer	y County
5	RESIDENCE OF DECEDENT							11011		-
DIRECTOR	10a. STATE 10b. COUNT	Y		10c. CITY, TOWN					100	I. INSIDE CITY LIMITS?
		gomery	Silve						XYES 2 NO	
₹ I	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZ	EN OF WHAT	COUNTRY?	
FUNERAL	1135 Univ B			_	20902			S.A.		
ا ج	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARMI	ED 13			IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No-	14. RACE — Black, Wi	American Indian, hita, etc.
B	1 Never Married 2 Married 3 Widowed 4 Divorced			2 NO Specify		- 1	Specify:	-1-		
	15. DECEDENT'S EDU	ICATION	ter pec	EDENT'S USUAL	OCCUPATIO	h4	16b, KIND OF BU	DINESS (INDI	Bla	CK
	(Specify only highest grad	e completed)	(Ghri	kind of work don to NOT use retired.	e during mo:		IND. KIND OF SO.	3114E33/114D1	Joini	
COMPLETED	4th Grade	College (1-4 or 5+)		armer			N.	lone		
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Malden	Sumame)		
_	Arthur Bran	nison				Luc	cy ?	,		
BE	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDRE	SS (Street e	nd Number or Rural F	Route Number, City or Tow	n, State, Zip	Code)	
임	Clarence Bran	ison(Son)		7833 S	cotl	and Dri	ive, Poto	mac,	Md	20854
- 1	20a. METHOD OF DISPOSITION	77 - 0	20b. PLACE O	F DISPOSITION (Name of can	netery, crematory or	20c. LO	CATION —	City or Town,	State
	1 № Burial 2 ☐ Cremation 3 ☐ Ran 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	St P	aul Ce	mete	ry	Ge:	rman	town,	Md
- 1	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE				D ADDRESS OF FA	CILITY		·	
	1 rod .	1. /h.	1	, S	NOWI	EN FUN	ERAL HOM	E P.	A. 20	850
	23. PART 1. Enter the diseases, or	1///	200	the Do not on	46 N	ckvil	1e Md			
	ahock, or heert fellure.	. List only one ceuse of	n eech line.	ui. Do not em	er une mo	ue or cynig, acc	it as cardiec or resp	natory site	rut,	interval Between
1	IMMEDIATE CAUSE (Finel disease or condition	Arterioso	laroti	c card	iovac	cular di	50350			Onset and Death
1	resulting in death)	8	AS A CONSEOU		LOVas	Cular ul				
_ 1	_	DUE TO (OR	AS A CONSECU	JENOE OF J.						İ
<u>8</u>	Sequentially list conditions,	b. DUE TO (OR	AS A CONSEOL	JENCE OF):						
¥	if any, leading to immediate ceuse. Enter UNDERLYING									
프	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEOU	JENCE OF):						
CERTIFICATION	resulting in deeth) LAST	d								<u> </u>
ၓ	PART II. Other algorificant condition	one contributing to dee	th heet most on	aultine in the	underluin	- course alves la	Dort i 24- MRC At	AUTOBOV	Jan We	RE AUTOPSY FINDINGS
⋠╽	PART II. Other aigninoant conduct	one contributing to dea	iii but not re	auting in the	uncerrym	a conse Aiseil III	PERFO		AM	AILABLE PRIOR TO DMPLETION OF CAUSE
ا ق				·			XXYES	2 🗌 NO	OF	DEATH?
Z		-					—		₩	XYES 2 NO
Z	25. WAS CASE REFERRED TO MEDICAL									
PHYSICIAN: MEDICAL	28. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 Inpetion: 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
₹	1 XXES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJU		26b. TIME OF	lursing Hon 28c. IN.		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OC	TIRED	
	Natural 5 ☐ Pending	(Month, Day, Ye	er)	INJURY	WC	PRK?				
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF IN-	JURY — At hon	ne, farm, street, f			281. LOCATION (Street		or Rural Rout	e Number,
	4 Homicide 6 Could not be detarmined	building, etc.	(Specify)		111111111111111111111111111111111111111		City or Town, State			
9	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my	mowledne de-	th accurred at the	a time day	and plane and dur	to the councies and ma	nner ac elec	ed.	
COMPLETED	(Uneck only	SICIAN: TO the best of my l	The same of the same							nd manner as stated.
8	^^^	- AA		- 1				-		
8	APL SIGNATURE AND TITLE OF CERTIFI	" ULL	1	1 Ld		29c. LICENSE NU	MDEH			onth, Day, Year)
0	WWW T	1900	+1					1 5	5-16-9	U

111 Penn Street, Baltimore, MD 21201

Jr., MD 11

32. REGISTRAR'S SIGNATURE

Guine Davidson Andelle

Golle,

31. DATE FILED (Month, Day, Year) WAY 18 90



VC

1 -

400	n page	1, 2, 3 should	
		Pages	i
BALTIMORE, MARYLAND 21203-3146	s after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for use as the burial-transit permit, removal,	edical examiner must be notified at once.
	hinour	rtely filled in mation, or	it, the m
1146,	uted within sour	completely filled in rial, cremation, or	ic event, the m
X 13146,	be executed within	cian and completely filled it or to burial, cremation, or	raumatic event, the m
). BOX 13146,	artificate be executed within	ng physician and completely filled in yiene prior to burial, cremation, or	other traumatic event, the m
, P.O. BOX 13146,	death certificate be executed within, our	s attending physician and completely filled in ental Hygiene prior to burial, cremation, or	ny, or other traumatic event, the m
RECORDS, P.O. BOX 13146,	w requires that the death certificate be executed within a country	been signed by the attending physician and completely filled in it, of Health and Mental Hygiene prior to burial, cremation, or	shows any injury, or other traumatic event, the m
TAL RECORDS, P.O. BOX 13146,	t: The law requires that the death certificate be executed within	cate has been signed by the attending physician and completely filled in state Dept, of Heafth and Mental Hygiene prior to burial, cremation, or	item 23 shows any injury, or other traumatic event, the m
DF VITAL RECORDS, P.O. BOX 13146,	HYSICIAN; The law requires that the death certificate be executed within a country	is certificate has been signed by the attending physician and completely filled in by the furth the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ON OF VITAL RECORDS, P.O. BOX 13146,	JOING PHYSICIAN: The law requires that the death certificate be executed within Source after death. Page 6 may be retained by the hospital or attending physician.	. After this certificate has been signed by the attending physician and completely filled in death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or	is marked, or item 23 shows any injury, or other traumatic event, the m
IVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a found	IRECTOR: After this certificate has been signed by the attending physician and completely filled in MIS after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or	em 28 is marked, or item 23 shows any injury, or other traumatic event, the m
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2. Source	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the m

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH		REG. NO.
CEDENT'S NAME (First Middle Lost)	*****	A DATE O	E DEATH

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF				3. TIME OF DEATH
	THEODORE	C.	BYERLY							монтн 5-	17-	199	90	7 '0A "
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER		IF UNDER	1	7. DATE OF			8. BIRTH	PLACE (State or Foreign
.	577-60-055	3	1 M 2 F	88	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, 1) 5- 3		902	IOW	**
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH		9c. COU	DUNTY OF DEATH	
E I	6 J Ridge	Road			Greenbelt				Prince (George	
DIRECTOR	RESIDENCE OF DEC	10b. COUNT			T 40 - 017	Y, TOWN OR LOCATION								
														10d. INSIDE CITY LIMITS?
	Maryland	Prir	ce Georg	je	GI	eenk		of, ZIP COD	AC .			10- CIT	IZEN OF V	1 X YES 2 NO
RA		Dond						20770				100		
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No.— 14. RACE — American Indian,														
<u></u>	1 Never Married 2	Married	FORCES?	YES 2 🔀			If yes, s	pecify Cubi	en, Mexica	n, Puarto Ric		01 110	Black	k, White, etc.
										WHITE				
COMPLETED	15. DEC (Specify onl	EDENT'S EDU	CATION completed)	18a, D	ECEDENT'S	USUAL O	CCUPAT during m	ION lost of worki	ina	19b. K	IND OF BUS	INESS/IN	DUSTRY	
9	Elementary/Secondary (0		College (1-4 or 5	+)				nost of worki		1				
N N	12 years		5 Years	S	cient	ist		1		_	S.Got		nent	
8	17. FATHER'S NAME (First, M									ME (First, Mic		Surname)		
띪	William H.		Ly							Crook				
2	19a, INFORMANT'S NAME ("					r or Rural i	Route Number	; City or Town	n, State, Zi	ip Gode)	
	Imogene J.		Ly	20b. PLACE		as			metony or		200 100	CATION -	- City or To	wn State
	1X Burial 2 Crematic	n 3 🗆 Rem	oval from State	other p	viece)			Ceme	100	,				Maryland
	21. SIGNATURE OF FUNERA		CENSEE	_	OILLI S	102.	NAME /	AND ADDRE	SS OF FA	CILITY		LLSVI	rrre,	Maryrand
	M. CO.	0.0	V BA	20	·K		_			neral				
\dashv	23, PART I. Enter the dishock, prih	XOOX	1, 41	19000	w									Md. 20705
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentisity list condit if any, leading to immersuse. Enter UNDERCAUSE (Disease or injuthet initiated events resulting in death) LAS	nel	b. DUE TO	O (OR AS A CONSE	EOUENCE O	Hq.	n	~	la	e h	ALA. WAS AN PERFOR	AUTOPSY		Interval Between Onset and Death Death WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH! 1 YES 2 MA
-														//: - TF-0-2-
PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL	HOSPITAL:			OTHE		PLACE OF I	DEATH (Ch	eck only one)				
YSI	1 TYES 2 NO		1 - Inpatient 2	☐ ER/Outpatient			raing Ho	_	lasidence	6 Other (
ВУ РН	27, MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	2Sa. DATE O (Month,	F INJURY Day, Ybar)	28b. TIR	ME OF JURY M	W	VORK?	□ NO	28d. DEŞC	RIBE HOW I	NJURY O	CCURED	
0	3 Suicide S Could not be building, etc. (Specify) 28t. LOCATION (Street and Number or Hural House Number, building, etc. (Specify)													
COMPLETE	CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(s) end manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.													
TO BE	SSE MONATURE AND TITLE	M	(Ch					29c. LIC	ENSE NUI	MBER P	3	29d. DA	TE SIGNED	(Month, Ogy, Year)
-	Till Boxoma				, , , , ,		Can	oon b	-1+	Marer	224	207	70	
	Till Bergmann, M.D. 115 Centerway Road, Greenbelt, Maryland 20770 31. DATE FILED (Month, Day, New) 32. REGISTRAR'S SIGNATURE Julia Davidson Fundels.													



6, BALTIMORE, MARYLAND	within 24 hours after death. Page 6 may be retained by the	npletely filled in by the funeral director, page 5 should be deta cremation, or removal.	vent, the medical examiner must be notified at onc	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted to the within 72 hours after death with the State Debt, of Health and Mental Hyptene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

									90	1484
	FOR STATE REGISTRAR	STATE OF MARYLANI		TMENT OF H			G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH DAY		3. 1	IME OF DEATH
	Mary M	Bell	er			May 13				:37 PM
1	4. SOCIAL SECURITY NUMBER 577 03 3543		s. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI	рты	6.	Country)	CE (State or Foreign
		1 □ M 2 🖾 F 74	YRS.				1, 1			ngton D.C.
_	9e. FACILITY NAME (If not institution, give st	reet and number)			R LOCATION OF DE	ATH		9c. COUNTY	OF DEATH	
DIRECTOR	10401 Grosvenor Pl	lace #1010		Rockvi	lle			Montg	omer	У
Ä	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN DR LOCAT	IDN				10d	. INSIDE CITY LIMITS?
5	Maryland Monto	gomery		Rockvil	le				1 [YES 2 X ND
AL	10e. STREET AND NUMBER			101.	ZIP COOE			10g. CITIZEN	DF WHAT	COUNTRY?
FUNERAL	10401 Grosvenor Pl	lace #1010			20852			Unit	ed S	tates
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S	ARMED		ENDENT OF HISPAN			or No- 14.	RACE -	American Indian, ilte, etc.
	1 Never Married 2 Merried	FDRCES? 1 YES 2		If yes, spe	2XXNO Specify	n, Puerto Ricen. /:	, etc.)		Specify:	me, etc.
BY	3 🔁 Widowed 4 🗌 Divorced							1	Wh:	ite
	15, OECEDENT'S EDUC (Specify only highest grade	ATION 16st completed)	Give kind of	Work done during most sea retired.)	IN at of working	16b, KIN	OF BUS	INESS/INDUS	TRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIfe. Do NOT u	sa retired.)						
M M	12			Secretar				w Offi	ce	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle	, Maiden	Sumame)		
BE	Francis	J. Mulvey			Este	lle M.	Lea	ch		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street a	nd Number or Rural I	Route Number, C	ity or Town	, State, Zip Co	de)	
۴	James W. Bell	er	1103	Falls Me	ad Way R	ockvil.	le, i	Maryla	nd 2	0854
	20e. METHOD OF DISPOSITION 1 ☐ Burial 2 ☑ Cremetion 3 ☐ Remo		ACE OF DISPO	SITION (Name of cen	netery, crematory or		20c. LO	CATION — City	or Town,	State
	4 Donation 5 Other (Specify)	Mont	gomery	y Cremato						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE								y Funeral
	> //w // /·T	M00689			Rockvi ll Rockvill					-
	23. PARE LEGIST the diseases, or o	complications that caused th	a daath. Do							Approximate
- 1	23. PAGE Epier the diseases, or company the short, or heart failure.	List only one cause on each	line.							intarval Batween Onset and Death
	iMMEDIATE CAUSE (Final disease or condition									
	resulting in death)	a. Metastatic No			Lung Can	cer				2 Years
_	_									
CERTIFICATION	Sequentially list conditions,	b. OUE TO (OR AS A CO	NSEQUENCE C	OF):						
AT	if any, leading to immediate cause. Enter UNDERLYING									
FIG	CAUSE (Diseasa or injury that initiated events	OUE TO (OR AS A CO	NSEQUENCE C	OF):						
E	resulting in death) LAST									
핑		u							1	
AL	PART II. Other significant condition	s contributing to death but i	not resulting	in tha underlying	g cause givan in	Part I. 24e	. WAS AN PERFOR		All	RE AUTOPSY FINDINGS MLABLE PRIDR TO
8						10	YES 2	IX ND		MPLETION DF CAUSE DEATH?
ME						_			1[YES 2 NO
ä										
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)				
Sic	1 NO YES 2 □ NO	1 Inpetient 2 ER/Outpetie	nt 3 🗆 DOA	OTHER: 4 Nursing Horn	e 5 🖔 Residence	6 🗆 Other (Sp	ecify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	26s. OATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28c. INJ	URY AT ORK?	28d, OEŞCRII	BE HOW !	NJURY OCCU	REO	
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 ND					
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm,	street, factory, offic	•		N (Street own, State)	and Number or	Rural Route	Number,
TE	4 Homicide determined									
PLE	29e. CERTIFIER (Check only 1 🔀 CERTIFYING PHYSI	ICIAN: To the best of my knowledg	ge, death occur	rred at the time, dete	end place, and due	to the ceuse(e) end me	nner ee stated		
COMPLETED	ane)	R: On the beele of examination er	nd/or investigat	lon, in my opinion, d	leath occured at the	time, deta end	place, en	d due to the o	euse(e) an	d menner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	A M M	-	-	29c. LICENSE NU	MBER		29d. DATE S	IGNED (Me	orith, Day, Year)
BE	du Venale	It Bon	1		D2277					, 1990
5	30. NAME AND ADDRESS OF PERSON WH			oe. Print)	DZZII	J			4	

Frederick G. Barr, M.D. 5454 Wisconsin Avenue, Chevy Chase, Maryland 20815



'90

32. REGISTRAR'S SIGNATURE

Julia Davidson

31. DATE FILED (Month, Day, Year)

MAY 17

Strate and

BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be fled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	in 2 Frours a	aly filled in by nation, or rem	, the medic
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	executed with	n and complete to burial, crem	matic event
O. BOX	certificate be	ding physicial Hygiene prior	r other trau
ADS, P.	nat the death	I by the atten	ny injury, o
RECO	w requires the	been signed pt. of Health	3 shows a
VITAL	ICIAN: The la	ertificate has the State De	or Item 2
ION OF	NDING PHYS	t; After this c	is marked,
DIVISI	AL OR ATTE	AL DIRECTOR	if item 28
	TO THE HOSPIT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: 1

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIEN REG. NO	_				
	1. DECEDENT'S NAME (First, Middle, Lest)		E FREDER			2. DATE OF DEATH MONTH D	AY F 19	3. TIME OF DEATH PAR THE PAR			
	4. SOCIAL SECURITY NUMBER 214 03 9594		In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6/22/18		BIRTHPLACE (State or Foreign Country) Maryland			
DIRECTOR	99. FACILITY NAME (If not institution, give st	reet end number)	P.	Sil	COLOCATION OF DE		9c. COUNTY	of DEATH Agomery			
	Maryland Mo	ontgomery		ilver Sp	ring		L	1 104. INSIDE CITY LIMITS? 1 1 1 YES 2 NO OF WHAT COUNTRY?			
FUNERAL	508 Valley Brook	k Drive		100	20904		USA	OF WHAT COUNTRY?			
BY FUN	11, MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s		NIC ORIGIN? (Specify Ye in, Puerto Ricen, etc.) y:	s or No 14.	RACE — American Indien, Black, White, etc. Specify: White			
TED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			USUAL OCCUPATI work done during mase retired.)		18b. KIND OF BU	ISINESS/INDUST	TRY			
COMPLETED	1/9	N/A	Montg	omery Co	1		ice Of	ficer			
	Thomas Bean				Helen	ME (First, Middle, Meider Cuff	Surname)				
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	G AOORESS (Street		Route Number, City or Tov	vn, State, Zip Co	de)			
F	Helen S. Bean	1				ive S.S.Mo					
П	20e, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ovet from State	other place)	Cemetery	emetery, crematory or	1	CATION — City	11e, Md.			
	21. SIGNATURE OF PURPLEAL DERVICE LIC	Kenalde	'-	22. NAME /	ND ADDRESS OF FA	CILITY	CARCELLES CO.	p.Ave.S.S.Md.			
CERTIFICATION	ahock, the failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
PHYSICIAN: MEDICAL C	PART II. Other algorificant condition	e contributing to death b	out not resulting	In the underlyle	ng cause given in		PRMED?	24b. WERE AUTOPSY FINDINGS ARAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL			PLACE OF DEATH (C	heck only one)		1			
YSI	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 - ER/Out				8 Other (Specify)	_				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	DX	M 1	JURY AT ORK? YES 2 NO	28d, DESCRIBE HOW INJURY OCCURED Foll 70 hours on way					
ED	3 Suicide 4 Homicide S Could not be determined 28e. PLACE OF INJURY At home, farm, street, factory, office building, etc. (Specify) Lower Service and Number or Bural Royne Number, City or Yourn, State)										
COMPLET	29e. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and piace, and due to the cause(e) and manner as stated.										
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	O Capi	13, 4	20	29c. LICENSE NU	7225	29d. DATE 8	1GNED (Month, Day, Year)			
	John S. Roger				. Silver	Spring, M	d. 209	10			
	John S. Rogers, MD 1919 Seminary Rd. Silver Spring, Md. 20910 37. DATE FILED (Month, Day, Mar) MAY 21 90 32. REGISTRAR'S SIGNATURE Julia Davidson Rendere.										

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Progress filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
TRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN	E				
	1. DECEDENT'S HAME (First, Middle, La ROY I	st)	BEAL			2. DATE OF DEATH MONTH MAY 24, I	990 YEA	3. TIME OF DEATH 12:56 P M			
	4. SOCIAL SECURITY HUMBER 214-07-5822	5. SEX 6. AGE (IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/21/190	Co	RTHPLACE (State or Foreign Juntry) ARYLAND			
	90. FACILITY HAME (# not institution, git Memorial Hospit RESIDENCE OF DECEDENT	al		Cumbe	r Location of oe	EATN	9c. COUNTY O				
-	10e. STATE 10b. COU			TOWN OR LOCAT UMBERLA				10d. INSIDE CITY LIMITS? 1 PYES 2 NO			
100	100. STREET AND HUMBER 135 NORTH MI	ECHANIC STRE	ET	10f.	21502	2	10g. CITIZEH O	OF WHAT COUNTRY?			
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES IF YES, GIVE WAR OR D.	2 (10	If yes, spi		HC ORIGIH? (Specify Yea n, Puerto Ricen, etc.)	S	ACE — American Indian, Black, White, etc. Specify: SHITE			
	15. DECEOENT'S E (Specify only highest gi Elementary/Secondary (0-12)		life. Do NOT use	rk done during mo retired.)	N at of working	16b. KIND OF BUS					
COMPLE	8 17. FATHER'S HAME (First, Middle, Last) CHARLES L.		CARP	ENTER		ME (First, Middle, Meiden JA SHAFFE) N			
20 01	19a. IHFORMAHT'S NAME (Type/Print) MONA L. GIL					Route Number, City or Town					
	20a. METHOD OF DISPOSITION 1 X Burlei 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)										
No. I was a second	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditione, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	disease or condition resulting in death) a.									
TO TOOLS		Th. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. CHEONIC OBSTRUCTIVE LUNG TUSCESSE 1 YES 28 NO CONTRIBUTION OF THE PROPRIETORY OF THE PR									
PH TOICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF OEATN (Ch	8 Other (Specify)					
בו החז	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigati	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ		28d. DESCRIBE NOW	INJURY OCCURE	0			
	3 Suicide 8 Could not			reet, factory, offic	•	281. LOCATION (Street City or Town, State)	and Number or Rural Route Number, 9)				
COMPLEIED	(Greck only	HYSICIAN: To the best of my know						use(s) and manner as stated.			
2 2 2 2	296. SIGNATURE AND TITLE OF CERT	Sur		uŋ	29c. LICENSE HU	MBER 131	29d. DATE SIG	ZS (Worth, pay, Year)			
-	Dr. Mark Sagin 31. DATE FILED (Month, Day, Year) MAY 2 5 19	Memorial H	ospital		and, MD	21502					

TO THE HISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Trours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and white the State Dent of Health and Mental Hydele prior in burial. cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeration of the state o	IMPORTANT: If item 28 is marked, or item 23 shows

	FOR 1 - STATE REGISTRAR	STATE OF MAR		DEPARTM				MENTAI	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	DOTTIE	CATHE	RINE	BRUMAGE			MONT	of DEATH		YEAR	3. TIME OF DEATH 10:07 a M
	4. SOCIAL SECURITY NUMBER 232-98-7907	5. SEX 6. A	AGE (In yrs. lesi		UNDER 1 YE		IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont) June	of BIRTH h, Day, Year) 6, 19	60	Country	PLACE (State or Foreign Virginia
	9e. FACILITY NAME (If not institution, give str	eet and number)		96	CITY, TO	WN OR	LOCATION OF DE				ITY OF DE	
	Memorial Hospi		Cumberland					A1	lega	ny		
	10e. STATE 10b. COUNTY	no l	-	10c. CITY, TO	own on L							10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	W V Mines	ral		<u> </u>	TTHE	_	ZIP CODE			10g. CITIZ		HAT COUNTRY?
ı	Route 1, Box 2	35					26710			US	SA	
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS OECEDENT EV FORCES? 1 1 1	YES 2 X N		If ye	a, spec	NDENT OF HISPAN Ify Cuben, Mexicar NO Specify	n, Puerto I	N? (Specify Yee Rican, etc.)	or No—	Black,	- American Indian, White, atc. White
	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)		(Gi	CEDENT'S USI ive kind of work Do NOT use re	done durin	JPATION ng most	of working	18b	. KIND OF BUS		USTRY	
	12		H	Homema.	ær				Own			
	17. FATHER'S NAME (First, Middle, Last) Ernest L. Brum:	200					18. MOTHER'S NAI		Middle, Maiden S eather:		Daname	
	19a, INFORMANT'S NAME (Type/Print)	age	191	h MAILING AD	ORESS (S)	treat and	DOL'O C.					ige
1	Ernest L. Brum	age, Jr.										MD 21769
	2ns_METHOD OF OISPOSITION 1X_Burlet 2		20b. PLACE	OF DISPOSITION	ON (Name	(Name of comotory, cremetory or 20c. LOCATION — City or Town, State Lahmansville, WV						wn, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Derry B, Liffin						GIFFI CAPON	N FU	UNERAL	J HO	ME	RGINIA 26
	23. PART I. Enter the diseasee, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, enterval Between Onest and Death of the condition											
	PART II. Other eignificent conditione contributing to deeth but not resulting in the underly						ceuse given in	Part I.	24e. WAS AN PERFOR 1 YES 2	ORMED? 2 NO OF DEATH?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO	HOSPITAL: 1 Inpatient 2 XER	VOutpatient 3	B DOA 4	THER:		ACE OF DEATH (Ch					
	27. MANNER OF DEATH 1 Netural 5 Pending 2 X Accident Investigation	28e. DATE OF INJ (Month, Dey,) May 21,	(bar)	28b. TIME (INJUR 9:00	Υ	BC. INJU WOR			scalbe how in			cident
	2 X Accident							28f. LOCATION (Street and Number or Rural Poute Number, City or Town, Stete)				
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 🔀 MEDICAL EXAMINE	CIAN: To the best of my										e) end menner ee stated.
.	SIGNATURE AND TITLE OF CERTIFIER	3				T	29c. LICENSE NUI	MBER				(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O			int)		MD DO 7	098		► M	lay 2	1, 1990
Dr. Giovanni Mastrangelo. 900 Seton Drive. Cumberland. MD 21502												

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or requires that has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2,0 understance filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

-	FOR STATE REGISTRAR	STATE OF MARYLAND / CE	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		SIAIE UF II	C		ICATE				MENIAL	REG. NO.				
	1. DECEDENT'S NAME (First, M	fiddle, Last)								2. DATE O	F DEATN	w	YEAR	3. TIME OF DEATN	
	TOUTS	JOHN	BREWER							May			990	5:21 P. M	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1		IF UNDER		7. DATE OF		,	6. BIRT	NPLACE (State or Foreign	
	213-07-4442	2	1∑ M 2 □ F	2 G F 82 YRS. MONTHS DAYS HOURS MIN.				DEC.		1907		RYLAND			
	9a. FACILITY NAME (If not insti	itution, give s	treet and number)			9b. CITY,	TOWN O	R LOCATI	ON OF OE	ATN		9c. COU	INTY OF	DEATN	
S.	St. Mary	s Ho	spital			L	eona	ardt	own			S	t. N	lary's	
DIRECTOR	RESIDENCE OF DECE	DENT												1	
2		10b. COUNT			200	Y, TOWN OF								10d. INSIDE CITY LIMITS?	
	MARYLAND	ST.	MARY'S		<u> </u>	OLLY	_							1 TYES 2 X NO	
341	10a. STREET AND NUMBER						101.	ZIP COD						WHAT COUNTRY?	
FUNERAL	RT. #3,	BOX 8						2063					J.S.		
교	11. MARITAL STATUS 1 Never Married 2 X M	larried		YES 2	NO NO	11	yes, spe	city Cube	n, Maxica	NC ORIGIN? n, Puarto Ric		or No—	Blac	CE — American Indian, ck, White, etc.	
B	3 Widowed 4 Divorc		IF YES, GIVE W	AR OR DATES		1	_ YES	2 ¹ ∏ NO	Specify	y:			Spe	cily: WHITE	
	15, DECEU	DENT'S EDU	CATION	18a, D	ECEDENT'S	USUAL OC	CUPATIO	N		16b. F	IND OF BU	SINESS/IN		WHILE	
	(Specify only I Elementary/Secondary (0-1)		College (1-4 or 5	116	Give kind of a B. Do NOT u	work done di se retired.)	uring mos	t of worki	ng						
P.	12	2)	College (1-4 of 5		STATI	STIC	IAN			F	BETHLI	EHEM	STE	ET.	
COMPLETED	17. FATNER'S NAME (First, Mide	dle, Last)						18. MOT	NER'S NA	ME (First, Mic	ldle, Maiden	Surname)			
	UNKNOWN								ANN I	E O'N	EIL				
BE	19a. INFORMANT'S NAME (Typ	ne/Print)		15	9b. MAILING	ADDRESS	(Street a	nd Numbe		Route Numbe		n, State, Zi	ip Code)		
5	ELLA MAY BRE	WER			RT. #	3, B	8 XC	50.	HOLI	LYWOOI	, MAI	RYLAI	ND 2	0636	
	20a. METHOD OF DISPOSITIO			20b. PLACE	OF DISPO	SITION (Nan					_			Town, State	
	1X Buriel 2 Cremetton 3 Removal from Stale other pla					CEMI	ETER	Y			HOLLYWOOD, MARYLAND				
									SS OF FA						
	(disal)	11.	S.V.	01 6						JNERAL				YLAND 20650	
	23. PART I. Enter the dis-	eases, Or	compilcations the	t caused the d	leath. Do									Approximata	
	ahock, or has	art failure.	List only one cau											Interval Between Onset and Death	
	disease or condition. Acute Mypracolic interaction														
	reaulting in daeth) a. Due To (OR AS A CONSEQUENCE OF):														
_															
2	Sequentially list conditions, If any, leading to immediate														
S	cause. Enter UNDERLYIN CAUSE (Disease or Injury	IG	C												
E	that initiated events		DUE TO	(OR AS A CONSI	EOUENCE O	F):									
CERTIFICATION	reaulting in death) LAST		d												
	PART ii. Other significan	t conditio	ns contributing to	death but not	reaulting	in the un	derlying	cause	given in	Part i.	24a. WAS AN	AUTOPSY	24	Ib. WERE AUTOPSY FINDINGS	
S	C08D 11	10		gre.	_			-	J'i	al	PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
E0								<u> </u>	- , ,	—) <u> </u>	1 TYES	NO NO		OF DEATH?	
Σ	-									-				1 YES 2 NO	
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO	MEDICAL	1				28. PL	ACE OF E	DEATN (Ch	neck only one)				
SIC	EXAMINER? 1 ☐ YES 2 № NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Nurs		• 5 ∏ B	lealdence	8 🗆 Other	(Specify)				
НΥ	27. MANNER OF DEATN		28e. DATE OF	INJURY	28b. TH	ME OF	26c. INJ	URY AT			RIBE NOW	INJURY O	CCURED		
	1 Netural 5 P	ending restigation	(Month, L	Pay, Year)	IN IN	JURY		RK? (ES 2	NO						
ВУ	2 Accident	could not be	28e. PLACE C	OF INJURY — At I	nome, farm,	street, facto	ory, offic	•					er or Rura	l Route Number,	
臣		etermined	bullding,	etc. (Specify)						City of	Town, State	,			
Ë	29a. CERTIFIER 1 CERTIF	FYING PNYS	SICIAN: To the best of	my knowledge o	death occur	red at the ti	me dete	and place	e and due	lo lhe caus	e(a) and ma	nner se et	nted		
COMPLETED	(Critical Orlly													(a) and manner as steted.	
BE	29b. SIGNATURE AND TITLE	or GENTIFIE	1	Ph.	. 1			296. LIC	ENSE NU	S 2	,	29d. D/	TE SIGNE	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF	PERSON W	HO COMPLETED CALL	ISE OF DEATH AT	FM 27) /5-	Dimes		V	مد	J 00		() `	11-10	
								4 D	4375	00155					
	N. SHAH,		32. REGISTR	ANTI, LI	LUNAR	TOMI	и , М	AKYL	AND	20650					
	MAV 1 R 'QI			Jan Bano											

(8

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be relained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages be filed within 72 hours after death with the State Dept, of Health and Mental Hygiens prior to burlal, cremation, or removal.	nit. Pages
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

									1	0
	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF		F HEALTH OF DEAT			GIENE G. NO.		
,	1. DECEDENT'S NAME (First, Middle, Lest)		7				2. DATE OF DI	EATH DAY	YEA	3. TIME OF DEATH
	Mildred P. E	rown					May 3		90	3.55 p.
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER	24 HRS.				RTHPLACE (State or Foreign
9	233-16-9449	1 M 2 X F	72 YRS.	MONTHS DA	YS HOURS	MIN.	(Month, Day,			ountry)
\	233-10-3443		12				5-3-			entucky
L	9e. FACILITY NAME (If not institution, give str			96. CITY, 10	WN OR LOCATION	ON OF DE	ATH	90	COUNTY O	H DEATH
16	Southern MD Ho	spital C	enter	Cli	nton			P	rinc	e George's
DIRECTOR	RESIDENCE OF DECEDENT					-				
# 1	10a. STATE 10b. COUNTY			Y, TOWN OR L						10d. INSIDE CITY LIMITS?
	Md.	PG	.C.	lintor	1					1 TES X X X00
A	10e. STREET AND NUMBER				10f. ZIP CODI	E		109	g. CITIZEN C	OF WHAT COUNTRY?
FUNERAL	9711 Wagoner	Trail			207	735			USA	
ΞI	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS			IC ORIGIN? (Spi	ecity Yes or N	10— 14. R	ACE — American Indien,
E	1 Never Merried XX Merried	FORCES? 1 1 1					n, Puerto Rican,	etc.)	- /3	Black, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAN C	H DATES	, n	YES X NO	Specify.	:		3	White
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCU	PATION		16b KIND	OF BUSINES	SS/INDUSTR	ry .
	(Specify only highest grade of	completed)		work done durin	g most of worldi	ng	200			
اي	Elementary/Secondary (0-12)	College (1-4 or 5+)	7.7 m 3					Dania		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	0	l wai	tress			ME (First, Middle,	Priv		
8					1112					
BE	John Metzker						illa :			
0	19e. INFORMANT'S NAME (Type/Print)						Route Number, Cl	ty or Town, St	ste, Zip Code)
-	Ryverce Brown				10a-1					
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2√□√Cremation 3 ☐ Remo	val from State	20b. PLACE OF OISPO other place)							or Town, State
	4 Donation 5 Other (Specify)	1	L		emato					
	21. SIGNATURE OF FUNERAL SERVICE (IC	INSER		22. NA	S AND ADDRE	SS OF FAC	print Te	e Fur	eral	Home, Inc.
	· //	11/		00.	33 010	Mar	exand yland	2073	25 Y	Road,
	23. PART I. Enter the diseases, or c	omplications that ca	used the death. On						-	Approximate
	shock, or heart fallure. L				,				.,,	Interval Between
ŀ	IMMEDIATE CAUSE (Final disease or condition		3.1							Onset and Death
	resulting in death)	Lange	stive Ite	art /	gilure					Dinter
ľ	disease or condition resulting in death) a. Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF): Chronic Obstructive Pulmonary Disease									Year
N	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):									7000
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSECUENCE C	n-):						
2	CAUSE (Disease or Injury	DUE TO (OR	AS A CONSEQUENCE O							
μĦ	that initiated events resulting in death) LAST	DUE TO (OH	AS A CONSEQUENCE C	n-):						
CERTIFICATION	Teaching in death, 2.31									
9	PART II. Other algnificant conditions	contributing to dea	th but not resulting	In the under	riving cause	given in	Part I. 24a.	WAS AN AUT	OPSY	24b. WERE AUTOPSY FINDINGS
₹ I	Renal foilure	- Pointa	1 Variati	- D.		11 1		PERFORME	0?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA	THE TOTAL	10100	W. 00001	, C.16	130	6//4/	773	YES 2	MO	OF DEATH?
Σ							_		1	1 YES 2 NO
PHYSICIAN:										
ㅎ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF E	DEATH (Ch	eck only one)			
ısı	1 TYES 2 NO	1 Inpatient 2 ☐ ER	/Outpatient 3 DOA		Home 5 🗆 R	esidence	6 - Other (Spe	ecify)		
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Y		WE OF 28 JURY	c. INJURY AT WORK?		28d. DESCRIB	E HOW INJU	RY OCCURE	D
BY	1 Netural 5 Pending 2 Accident Investigation			M 1	YES 2 [□ NO				
	3 Suicide 6 Could not be	28e. PLACE OF IN building, etc.	JURY — At home, farm, (Specify)	street, factory,	office		26f. LOCATION	N (Street and i	Number or Ru	ural Route Number,
ETED	4 Homicide datermined		*							
12	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, death occur	red at the time	, date and place	e, and due	to the cause(e)	and manner	ee stated.	
COMPL	const orny									use(s) and manner ee stated.
	29b, SIGNATURE AND TITLE OF CERTIFIER				29c 110	ENSE NUR	WBER	20	d. DATE SIG	INED (Month, Day, Year)
BE	h	Mostrus				-	6794	li		3) 90
임	30, NAME AND ADDRESS OF PERSON WHO		E DEATH (ITEM 27) (In	a Drinti					- / .	// · V

Piscontany

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

D 32. REGISTHAR'S SIGNATURE

9131

Elizabeth

MAY I I 90

J

20735

MD

Clinton

OHMH-18 Rev 1/89

REGISTRAR			CE	RTIF	CATE O	F DEATH	1	REG. NO)			
1. OECEDENT'S NAME (First,	Middle, Last)						2. DA	TE OF DEATH			3. TIME OF D	EATH
JAMES		E.	dmund		В	URKE		5 0		90	9:25	Ам
4. SOCIAL SECURITY NUMBER	R 5. SEX		AGE (In yrs. las		IF UNDER 1 YEA	R IF UNDER 24	HRS. 7. DA	TE OF BIRTH		. BIRTHE	LACE (State of	
020-05-3531	1 🖳 M :	2 🗀 F	76	YRS.	MONTHS DAY	S HOURS	Mara.	2/13/13		Country	m. Mas	
9e. FACILITY NAME (If not ins	titution, give street and nu	mber)			9b. CITY, TOW	N OR LOCATION			9c. COUNT			35.
Perry Point	V.A. Host	oital			Per	ryville	2		Ce	cil		
RESIDENCE OF DEC	10b. COUNTY			L so- orre	TOWN OR LO				1 00			
											10d. INSIDE C	
Maryland 100. STREET AND NUMBER	Prince Ge	eorge'	S	Net	v Carro	101, ZIP CODE			40- 01717		1 YES 2	
7609 Powhata	n Ctwaat						101		-		HAI COUNTH	17
11. MARITAL STATUS		DECEMENT F	VER IN U.S. AR	MEO	13 WAS	ZU .	704	GIN? (Specify V		S.A.	American I	ndlen
1 Never Married 2 2	Warried FORC	ES? 1 X	VER IN U.S. AR YES 2 DE OR DATES WWII	10	If you	specify Cuban, I	Maxican, Puar		3 01 110	Black, Specifi	White, etc.	roman,
3 Wildowed 4 Divor	ced	s, GIVE WALL	WWII		, ,	ES ZA NO	эресну;			Specin	Whit	ce
	DENT'S EOUCATION highest grade completed)				USUAL OCCUP	ATION most of working		16b. KIND OF BI	JSINESS/INDU	STRY		
Elementary/Secondary (0-		(1-4 or 5+)	He.	. Do NOT us	retired.)							
12				Chiei	Exami	ner	b	C Govt	/Dept	of	Motor	Vehi
17. FATHER'S NAME (First, Mi						18. MOTHER	R'S NAME (Fin	st, Middle, Maide	n Surname)			
James T. Bur						Marg	garet	O'Conne	211			
19a, INFORMANT'S NAME (Ty						et end Number or		200				
Mary K. Bost				7609	Powhat	an Stre	eet, N	ew Carı	collto	1. M	arylar	nd 207
20a, METHOD OF CONPOSITION 1 X Burlel 2 Comments	s 3 C Remerval from	State	other pla	ece)		cemetery, cremate			OCATION — C			
4 Oonetkin Donner)—	Mary1	and S	tate V	ets. Ce	meter	y Che	eltenh	am,	Maryla	and
21. SIGNATURED PUBLICA	SIESIVICE EIGENBEE		//			cis Gas						
1/ au	10/0	200	ters	_		Baltin						00701
23. PART I. Enter the di	easee, or complicet art fallure. List only				ot enter the	mode of dylng	, euch ae c	ardiec or rea	piratory arre	at,	Approx	Imate
IMMEDIATE CAUSE (Fin		one ceuse	on each line),								Between
disease or condition resulting in death)		ectro	Mechai	nical	Disso	ciation						
		DUE TO (OF	AS A CONSE	OUENCE OF):	ciation						
Conventielly list and the	b. Ca					Acute	Infer:	ior M.I				
Sequentially list condition if any, leading to immediate	ilata .	OUE TO (OF	AS A CONSE	OVENCE OF):							
CAUSE (Disease or Inju											-	
that initiated events resulting in death) LAS		DUE TO (OF	AS A CONSE	DUENCE OF):						i	
	d										-	
PART II. Other eignifice	nt conditiona contrib	uting to de	ath but not i	resulting I	n the underi	ying cause giv	en in Part i		N AUTOPSY	24b.	WERE AUTOPS	
								1X YES	ORMED?		AVAILABLE PR	
								, A, 100			1 YES 2	□ NO
												X
25. WAS CASE REFERRED TO					20	. PLACE OF DEA	TH (Check onl)	y one)				
EXAMINER?	HOSPI 1 XInpa		3/Outpatient 3	DOA	OTHER:	fome 5 🗆 Resid	Sence 8 🗆 0	Other (Specify)				
27. MANNER OF DEATH	28a.	DATE OF IN. (Month, Day,	IURY Year)	28b. TIMI	OF 28c.	INJURY AT		DESCRIBE HOW	INJURY OCC	JRED		
	Pending Investigation	(Moriti, Day,	rear)	1113		WORK?	10					
a Datata		PLACE OF It building, atc	JURY — At he	ome, ferm, a	treet, factory,	ffice	28f. I	OCATION (Stree	t and Number of	r Rural A	oute Number,	V.
	latermined	sunany, are	((dpocny)					City or Town, Stat	9)			
29a. CERTIFIER 1 X CERT	FYING PHYSICIAN: To ti	ne best of my	knowledge, de	ath occurr	d at the time.	late and place, a	nd due to the	cause(a) and m	enner es state	d		
TOTALON OTHY	CATEXAMINER: On the										and manner	as stated.
29b. SIGNATURE AND TITLE	-			-	(and bracet				
290. SIGNATURE AND TITLE	XIIIX		Stall	Ph	Slhi	29c. LICEN	DE NUMBER	215	29d. DATE	SIGNED	(Month, Day, Y	ner)
	THE REST CO. LANSING		- 10011	V V	25000		1 000 0	6.1.3		1		7.5
30 NAME AND ADDRESS OF	DEPON WHO CORP.	TED CAUSE	DE DEATH OF	1 070 07	(Delet)	10	000	5		0	8-	
30. NAME AND ADDRESS OF						MD 03				0	8-	
30. NAME AND ADDRESS OF Karmachandra 31. DATE FILED (Month, Day,	a Nair, M.		MC, Pe			MD 21				0	8-	(7)

PLEASE TYPEWRITE OR PRINT WITH BALL POINT PEN SO ALL COPIES WILL SE LEGISTE.

50+10	cuted with	d comple	tic even
DIVISION OF VITAL RECORDS, F.O. BOA 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cre-	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic even
	death certi	attending ental Hygie	ry, or oth
CULO	s that the	afth and Me	s any inju
י חבר	law require	as been sig	23 shows
N N	CIAN: The	artificate h	or item
20 2	NG PHYSI	fter this ca	marked,
1212	R ATTENDI	RECTOR: A urs after di	sm 28 ls
2	HOSPITAL 0	UNERAL DI	ANT: If Ite
	TO THE !	TO THE P	IMPORT

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6, BALTIMORE, MARYLAND 21203-3146	death certificate be executed within	e attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, explored to the burial cremation, or removal.	ury, or other traumatic event, the medical examiner must be notified at once.
, P.O. BOX 13146,	e executed	an and con	umatic e
BOX	rificate by	g physicia	ther tra
P.0	leath cer	attendin	ry, or 6
95	0	0 0	3

STATE OF MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENI
CI	ERTIFICATE	OF DEAT	ГН		REG. NO.

	1 - STATE OF MARYLAN	D / DEPARTMENT		MENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest) Helen R.	Brac	ly	2. DATE OF DEATH MONTH DA		3. TIME OF DEATH
	217-03-581/ 1 □ M 2 0 F 77 90. FACILITY NAME (If not institution, give street and number)		DAYS HOURS MIN. TOWN OR LOCATION OF DE Sbury, MD	7. DATE OF BIRTH (Month, Day, Year) 2-9-13 EATH		OTHPLACE (State or Foreign Md.
DIRECTOR	Peninsula General Hospital RESIDENCE OF DECEDENT 100. STATE 100. COUNTY				WICOMIZ	
	Md. Worcester	10c. CITY, TOWN O	ean City			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1223 St. Louis Avenue		101. ZIP CODE 21842		USA	F WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	No	WAS DECENDENT OF HISPAN II yee, epecify Cuban, Mexice I YES 2 NO Specifi	m, Puerto Rican, etc.)	Bi	ACE — American Indian, ack, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+)	n. DECEDENT'S USUAL O (Give kind of work done Me. Do NOT use retired.) At Home.	CCUPATION during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) Calvin Ruby		18. MOTHER'S NA	ian Lane.	Sumeme)	A Paris
TO B	180. INFORMANT'S NAME (Type/Print) Vincent P. Brady		. Louis Ave.			
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	ner place)	ame of cemetery, cremetory or		CATION — City or Hurlock	
	21. SIGNATURE OF FUNERAL SURVICE LICENSES	22.	nans Cemeten NAME AND ADDRESS OF FA Ullrich Fu	eneral Home		
CERTIFICATION	23. PARTI. Enter the diseases, or complications that caused the shock, or heart fellure. List only one cause on each IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Oisease or injury that initiated events resulting in death) LAST	MINE VO	seular			Approximate Interval Between Onset and Deeth
MEDICAL	PART II. Other algnificant conditions contributing to death but	not resulting in the w	ndarlying cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OTHE	26. PLACE OF DEATH (C/	heck only one)		
PHYSICIAN:	1 VES 2 NO 1 Impatient 2 ER/Outpatie 27. MANNER OF DEATH 289. DATE OF INJURY (Month, Day, Year)		26c. INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED)
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — building, etc. (Specify)	A1 home, farm, street, fac	1 YES 2 NO	261. LOCATION (Street City or Town, State)	and Number or Ru	ral Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basic of examination or					se(e) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	an M	Da52	MBER 209	29d. DATE SIGN	MED (Month, Day, Year)
_	JOHN R. MCLEAN 560 KIV	ERSIDE.	DR., B/0/ 3	Alisbu	ey, Mi	2.21881
	31. DATE FILED (MONTH, Dev. 1904) MAY 1 8 '90 Julia Davidson				<i>J</i> /	
	-					DHMH-16 Rev 1/89

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TO BE COMPLETED BY FUNERAL DIRECTOR

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE EG. NO.
1. 0	ECEDENT'S NAME (First, Middle, Last)	2. DATE OF D	EATH

	TILOIOTTIAT				- mai	10711 1	- 01			ned.	140.		
	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	Daniel	E. Br	iscoe							4	26	90	11:33 A M
	4. SOCIAL SECURITY NUMB		5. SEX	8, AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	20	1 -	HPLACE (State or Foreign
	156-07-2818	,	1 X M 2 D F	72	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Yea		Coun	AA a
	9a. FACILITY NAME (If not in		4	12		AL 0777	TOWN .	OR LOCATI	011 07 07	08-17-			14101
~	Service Control					96. CITY	, IOWN	OR LOCATI	ON OF DE	AIH	9c. CC	UNTY OF	DEATH
Ö	Edward McCre	ady Me	emorial l	lospita	1	Cris	sfie	1d, 1	1d.		So	mers	et
DIRECTOR	10e. STATE	10b. COUNT			1 404 017	Y, TOWN C	D 1 004	TION					10d. INSIDE CITY
	MD		erset			arior		IION					LIMITS?
		DOM				41 101							1 TYES 2 NO
₹I	10e. STREET AND NUMBER						10	f. ZIP COD	E		1 "		WHAT COUNTRY?
FUNERAL	P.O. Box 291 Marion, Md. 21838							21838	3		U	.S.	
3	11, MARITAL STATUS		12. WAS DECEDER							IIC ORIGIN? (Specif			E — American Indien, ck, White, etc.
F	1 Never Merried 2 Merried 3 Widowed 4 Divorced PORCES? 1 Yes 2 No							2 NO		n, Puerto Rican, etc. /:)		
BY						5					Black		
		EDENT'S EDU y highest grade		16a.	DECEDENT'S (Give kind of	USUAL O	CCUPATI	ON .	-0	16b. KIND OF	BUSINESS/I	NDUSTRY	
ш	Elementary/Secondary (0		College (1-4 or 5		Ille. Do NOT u	se retired.)		ASI OF WORKS	ny.	η	+		
4	1015				LI	abor	Er			Por	nrsti	0	
COMPLETED	17. FATHER'S NAME (First, M	liddle, Last)	- 1					18, MOT	HER'S NA	ME (First, Middle, Ma	iden Sumame)	
	Benian	14.10	Brisco	E				0	10-	A Brisc	2		
BE	19e. INFORMANT'S NAME (7	MIN (me/Print)	PISCO		405 MAII (NI	ADDRES	P /Ptroot	and Mumba	car Dumil	Route Number, City of		Tin Code)	
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	20e. METHOD OF DISPOSIT	iON on 3 ☐ Rem	oval from State	20b. PLAC other	place)	STION (N	ome of ce	metery, crei	matory or	20	LOCATION	— City or 1	own, State
	4 Donation 5 - Other				1-1	DKYL	1	EM	RA	ry /	BERIN	11/6	
	21. SIGNATURE OF UNERA	L SERVICE LI	CENSEE			22.	NAME A	ND ADDRE	SS OF FA	CILITY Anti	ony W	lard'	s
	44.7	7. /	111	1			OVE	St	Cris	sfield, N		1838	
	23. PART 7. Enter the d	many co	- Co	e country that	doub Do	_			_				l. Annoulmete
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	IMMEDIATE CAUSE (Fir	nei	-7 `	0 0		· D.		1		2			Onset and Death
	disesse or condition	→	· Keg	et El	mer	Toto	1	Tores	um	onea			2 whe
			DOÉ TO	OR AS A CON	SEQUENCE C	P):			-		20		
2	L-2-2-2-	-	. Bro	rolis	Ben	il	U	rec	in	oma. a	des	rack	& 4 postly
ੁ	Sequentially list condit if any, leading to imme		DUE TO	OR AS A COM	SENCE C	FI C	7	•					
CERTIFICATION	cause. Enter UNDERLY	ING				10	200	un	al				
ᇤ	CAUSE (Disease or injute that initiated events	iry	DUE TO	OR AS A CON	SEQUENCE (DF):							
ΕI	resulting in death) LAS	т											
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	PART ii. Other aignifica	ant condition	ne contributing to	death but no	t reaulting	in the u	nderiyir	ng cause	given in		S AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS
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MEDICAL											3 2 [] 110		OF DEATH?
Σ													1 TES 2 NO
PHYSICIAN:			_										
C	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF 1	DEATH (C)	neck only one)			
YS!	1 TYES 2 NO		1 🗆 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA			me 5 🗆 R	lesidence	8 - Other (Specify)		
H	27. MANNER OF DEATH		28e. DATE O	F INJURY Day, Year)	26b. TI	ME OF		JURY AT		28d. DEŞÇRIBE H	OW INJURY	OCCURED	
ВУ	1 Natural 5 2 Accident	Pending Investigation				M		YES 2	□ NO				
	2 Outside	Could not be	260. PLACE	OF INJURY - AL	home, farm,	street, fac	tory, offi	ce		281. LOCATION (S		ber or Rura	l Route Number,
Ē	4 Homicide	determined	punging	, etc. (Specify)						City or Town,	Stere)		
City or Town, State) 2-e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of szamination end/or investigation, in my opinion, death occurred at the lime, date and place, and due to the cause(a) and manner as stated.													
								CONTRACTOR OF THE PARTY OF THE					
O	2 MED	ICAL EXAMIN	ER: On the basis of	examination end/	or investigat	ion, in my	opinion,	death occi	ared at the	lime, date and plac	e, end dua to	the ceuse	(e) and manner es stated.
EC	296. SIGNATURE AND TITLE	OF CERTIFIE	7	2				29c. LIC	ENSE NU	MBER	29d. C	ATE SIGNE	ED (Month, Day, Year)
00	1/26/13	ell	100	Was a				D	290	700	•	4/2	7/90
5	30 NAME AND ADDRESS O			USE OF DEATH (TEM 27) (7vs	e, Print)		177 17	77.	1		4	1/10
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	Gregorio Be	Year)	32 DECIENT	AR'S SIGNATION	ay no:	phira	T	Cris	fiel	d. Md.	-	21817	
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attending physician.	ise as the burial-transit per	
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th certificate be executed within a	ending physician and completely in Hydiene prior to burial, crematic	or other traumatic event, th
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rouns after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit per he find within 72 hours after health with the State Dent, orl Health and Mental Hydiene brior to bunial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PITAL OR ATTENDING PHYSICIAL	ERAL DIRECTOR: After this certification and after death with the	T: If item 28 is marked, or
TO THE HOS	TO THE FUNITY	IMPORTAN

1. DECEDENT'S NAME (First, Middle,	13 /	les		Bozr	NAN	1	DATE OF DEATH DO		YEAR	DA41
214-32-6085	5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. 7.	DATE OF BIRTH (Month, Day Year)	931	Carratari	land
90. FACILITY NAME (If not Institution, PENINSUAL GE		TTAI.		96. CITY, TOWN		ON OF DEATH	1		COMICO	
RESIDENCE OF DECEDEN				5.1.325	DOKE			WI	3011100	
Maryland S	omerset		10c. CIT	Rumb					~	. INSIDE CITY LIMITS? YES 2 NO
Rumbley Star	Route,	Westov	er	1	or. zip code 21	871		10g. CITIZ	ZEN OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	ent ever in u.s. 1 Yes 2 E war or dates an Con	PNO	If yee, a		n, Mexican, F	ORIGIN? (Specify Yes Puerto Rican, atc.)	or No—	14. RACE — / Black, Wh Specify:	American Indian, lite, atc. White
15. DECEDENT' (Specify only highes Elementary/Secondery (0-12)	G EDUCATION grade completed) College (1-4 or		(Give kind of title. Do NOT us	USUAL OCCUPAT work done during n se retired.)		g	16b. KIND OF BUS	smess/ind		
17. FATHER'S NAME (First, Middle, La James I			1100	J. Mari	18. MOTH		(First, Middle, Maiden artha P	Surname)		
19a. INFORMANT'S NAME (Type/Print Mrs - Mary Ar			196. MAILING	ADDRESS (Street	end Number		te Number, City or Tow Westov			21871
20s. METHOD OF DISPOSITION		20b. PLA	CE OF DISPO	SITION (Name of o			20c. LO	CATION —	City or Town,	State
1 Buriel 2 Cremetion 3 C		other	Beed	chwood			Pri	nces	s Anr	ne, Md.
6 Donetion 6 Other (Specify 21. SIGNATURE OF FUNERAL SERV	CE LICENSEE	uan)		127 8	omer	rset	Ave.,Pr	n Fu ince	neral ss Ar	. Home
21. SIGNATURE OF FUNERAL SERV 22. PART I. Enter the disease:	CE LICENSEE Jenn Gor complications fore. List only one	that coused the	death. Do i	127 S	ome r	ng, auch a	Ave., Pr	n Fu	neral ss Ar	Home ane, dm
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STATE OF N		IT OF HEALTH AND	MENTAL	HYGIENE REG. NO.	
	D	. 1	2. DATE O	F DEATH	1

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND		YGIENE EG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Lest) JAMES MORGAN			Be11			2. DATE OF DEATH DAY SEAR 3. TIME OF DEATH 20. 2/M			
DIRECTOR	4. SOCIAL SECURITY NUMBER 195-05-4246	1 🔜 M 2 🗆 F	(In yrs. last birthday) 71 YRS.		AYS HOURS MIN.	7. DATE OF A (Month, De 4-25-	y, Year) -19	Chest	ter, Pa.	
	9e. FACILITY NAME (If not institution, give street and number) Union Hospital RESIDENCE OF DECEDENT			96. CITY, TOWN OR LOCATION OF DEAT E1kton			9c. COUNTY OF DEATH Cecil			
	Md. Cecil		10c. CIT	10c. CITY, TOWN OR LOCATION Elkton			10d. IN LI 1 Y			
FUNERAL	100. STREET AND NUMBER 490 Blair Shore Road			101. ZIP CODE 2192			U.S.A.			
BE COMPLETED BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		13. WAS DECENDENT OF HISPANIC If yes, specify Cuben, Maxican, P 1 YES & NO Specify:			uerto Rican, etc.) Black, White, etc. Specify:			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (G		(Give kind of life. Do NOT u	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Chinist			White 16b. KIND OF BUSINESS/INDUSTRY Floor Covering			
	17. FATHER'S NAME (First, Middle, Last) James A. Bell			16. MOTHER'S NAME (First, Middle, Maiden Surname) Katie Fols						
6	190. INFORMANT'S NAME (Type/Print) Barbara A. Creegan			20 Butternut Ct., Wilm.						
	20e_METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE other pla			E OF DISPOSITION (Name of cemetery, crematory or			20c. LOCATION — City or Town, State Linwood, Pa.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME AND ADDRESS OF FACILITY 259 E. Main S						
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. audio	eech line.	mara	1	ch ss cardisc	or respiratory a	rrest,	Approximate interval Between Onset and Death	
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING C. Solution of the conditions of the condition of the c									
	PART II. Other significent condition	ns contributing to deeth	but not resulting	in the und	rlying cause given in		e. WAS AN AUTOPS\ PERFORMED? YES 2 \(\text{NO} \)		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 11 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO									
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation			M 1 YES 2 NO			d. DEŞCRIBE HOW INJURY OCCURED			
	3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At hos building, etc. (Specify)			ome, farm, street, factory, office 281.			LOCATION (Street and Number or Rural Route Number, City or Town, State)			
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner se stated.									
	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pky, Year) 5/16/90									
	30. NAME AND AGORESS OF PERSON WILL RIES TO 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	PEATH (ITEM 27) (Typ INATURE /	Mc	1 Bou	v St		EIK	ton md	
	MAY 1 7 '90	Julia Davidon	Miles						DHMH-18 Rev 1/89	

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MINISTON OF VITAL RECORDS, P.O. BOA 13146,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mount	NRECTUR: After this certificate has been signed by the attending physician and completely filled in
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FOR 1 - STATE REGISTRAR	STATE OF MAP	RYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIEN			
1. DECEDENT'S NAME (First, Middle James Will					2. DATE OF DEATH MONTH D		YEAR 08:00 AM	
4. SOCIAL SECURITY NUMBER 213-10-7900	5. SEX 6. / 1 XM 2 F	AGE (In yrs. last birthday) 70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BATTH (Morgh, Day Mar)		ROCK Hall, Md	
	9e. FACILITY NAME (If not institution, give street and number) 1208 Nottingham Rd.			R LOCATION OF DE. kton	ATH	H 9c. COUNTY OF DEATH CECI1		
).	Cecil	10c. CIT	Y, TOWN OR LOCAT	ton			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER 1208 Notting 11. Marital Status	100. STREET AND NUMBER 1208 Nottingham Road				101. ZIP CODE 21921 10g. CITIZEN OF WHAT C			
3 Widowed 4 Divorced	Never Merried 2 Merried FORCES? 1 VES 2 NO			If yes, specify Cuben, Mexican, Puerto Rican, atc.) Black, White,			A. RACE — American Indian, Black, White, atc. Specify: White	
	'S EDUCATION st grade completed) Cottege (1-4 or 5 +)	160. DECEDENT'S (Give kind of v life. Do NOT us Mainte	usual occupation work done during more retired.)	N st of working	East (Pallet	
17. FATHER'S NAME (First, Middle, L William I	17. FATHER'S NAME (First, Middle, Lest) William Baker				18. MOTHER'S NAME (First, Middle, Melden Surname) Lillian Watson			
198. INFORMANT'S NAME (1/pe/Phi	19a. INFORMANT'S NAME (Type/Print) William W. Baker 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 100 Cecil Avenue, Elkton, Md. 21921							
	20s. METHOD OF DISPOSITION 1							
21. SIGNATURE OF FUNERAL SERV	Gee Funeral Home 259 E. Main St., Elkton, Md. 21921							
23. PART I. Enter the diseases, of compilections that caused the death. Do not enter the ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute Mycardial Infoue to (or as a consequence of):					Approximate interval Between Onset and Destr			
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury							
that initieted events resulting in deeth) LAST								
Non Insulin Dependent Diabetes mellitus PERFORMED? 1 VES 2 NO OF					24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 gress 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
NON INSULING 25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pendir L Accident Investi	ME OF JURY AT WORK? M 1 YES 2 NO		28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, building, atc. (Specify)								
CONDON ONLY	(Check only 1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.							
296. SIGNATURE AND TIME OF CI	296. SIGNATURE AND TULE OF CERTIFIER						SIGNED (Month, Day, Year) /15/90	
30. NAME AND ADDRESS OF PERS	BON WHO COMPLETED CAUSE OF B. M. D., E.	, , , , , ,						

DHMH-16 Rev 1/89

MAY 1 6

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Marie Bridge

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1	1. DECEDENT'S NAME (First, Middle, Last)	D	een Bast	cate of ain		2. DATE OF DEATH MONTH 17,	^ 1990 ^{YEA}								
7	4. SOCIAL SECURITY NUMBER 049-16-7241	5. SEX 8. 64	(In yrs. lest birthday) 65 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 3 -9 - 25	Cc	IRTHPLACE (State or Foreign ountry) Onnecticut							
CTOR 4	9a. FACILITY NAME (If not institution, give Charles Co. Nu		<u> </u>	La Pl	or location of	DEATH	Sc. COUNTY O								
DIRE	100. STATE 10b. COUNT Maryland Char			r town on Loca Plata				10d. INSIDE CITY LIMITS? 1 YES 2 NO							
FUNERAL	Rt 488 & Rt 6				0646		USA	OF WHAT COUNTRY?							
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 X NO	13. WAS DEC	CENDENT OF HISP pecify Cuban, Maxi S 2 X NO Spec	ANIC ORIGIN? (Specify Yecan, Puerto Ricen, etc.)	В	NACE — American Indian, Black, White, stc. Specify: 11 Te							
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12)		16a. DECEDENT'S (Give kind of w iffe. Do NOT us Nurses	rork done during m e retired.)	ost of working	Hospit	siness/industral								
ш	17. FATHER'S NAME (First, Middle, Last) Harry Milton E	Burton			18. MOTHER'S N	AME (First, Middle, Maiden y Crowell	Surname)								
TO B	19a. INFORMANT'S NAME (Type/Print) Gloria Hamptor	1				MD 2066)							
	Gloria Hampton Box 105, Nanjemoy, MD 20662 20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Lee Crematory Donation 6 Other (Specify)														
	23. PART I. Enter the diseases, or shock, or heert feliure immediate CAUSE (Finel disease or condition resulting in death)	s. Allux	ed the death. Do neach line.				e La P	Plata, MD 2 Approximate interval Between Onset and Deat S Insulation S Insulati							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF		-/-										
1	PART II. Other significant condition	ons contributing to death	but not resulting I	n the underlylr	ng cause given	n Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
H: MEDICA					ACE OF DEATH	Check only one)									
SICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	utantiant 2 7 204	OTHERS:		III I F Mailurei D Periodria M 4 Mailurei M 4									
IYSICIAN	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/O	Y 26b. TIM	OTHERS: 4 Nursing Hos E OF 28c. IN URY	me 5 Residenc		INJURY OCCURE	D							
ED BY PHYSICIAN	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ER/Ot 26e. DATE OF INJUR (Month, Day, Year)	Y 28b. TIM INJ	OTHER: 4 Nursing Hore E OF 28c. IN URY W 1	me 5 Residenc		and Number or Ru								
BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNED F DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	28e. DATE OF INJUR (Month, Day, Year) 28e. PLACE OF INJUR	Y 26b. TIM INJ	OTHER: 4 Nursing Hot E OF 28c. IN URY W 1 1	IJURY AT ORK? YES 2 NO	28d. DESCRIBE HOW 281. LOCATION (Street City or Town, Stele	and Number or Ru	ural Route Number,							

P.O Box

807

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Davidson-Rendelle

Harry and

REGISTRAR		CE	DITT		OF DE			REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)				-			2. DATE	OF DEATH			. TIME OF DEATH	
Terry		Lee		Ba	aer		MONTH 4	-30-90		YEAR	2:04PM	М
		AGE (in yrs. last t		IF UNDER 1	YEAR IF U	INDER 24 HRS.		OF BIRTH		B. BIRTHPL Country)	LACE (State or Fore	ign
212-64-3496 1	M 2 □ F	36	YRS.				3-1	1-54		Pa.		
9e. FACILITY NAME (If not Institution, give street	and number)					CATION OF DI			9c. COUNT			a+11
12313 Dewey Road				5.	liver	Sprin	19		MOH	Lyon	ery Cou	ıııy
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR	LOCATION					1	IOd. INSIDE CITY	-
Md Montge	nmerv		Si	lver	Spr	ing				- 1	LIMITS?	0
10e. STREET AND NUMBER	Jiner y			TAGE	10f, ZIP				10g. CITIZI		AT COUNTRY?	
12313 Dewey Rd,					2	0906			USA	1		
	. WAS DECEDENT E				S DECENDE	NT OF HISPA		? (Specify Yes		14. RACE -	- American Indian	•
1 Knever Merried 2 Merried	FORCES? 1 [0			Cuban, Mexico MO Specifi		ilcen, etc.)		Specify:		
3 Widowed 4 Divorced											White	
15. DECEDENT'S EDUCAT (Specify only highest grade con	ION npleted)	18a. DEC	EDENT'S U	ork done du	CUPATION ring most of v	vorking	18b	KIND OF BUS	NESS/INDU	ISTRY		
Elementery/Secondary (0-12) K-12	College (1-4 or 5+)	1	emple				[Jnemp]	oved	3		
17. FATHER'S NAME (First, Middle, Last)	-	1 0110	11101	0,700	18.	MOTHER'S NA		Aiddle, Malden S		-		
George W. Bauer	Sr.				В	eatri	ce d	Johnso	n Ba	aer		
19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Street and Nu	imber or Rural	Route Num	ber, City or Town	, State, Zip (Code)		
George W. Baer	Sr.	4	102 5	Syca	more	St.N	ew I	Cagle				
20a. METHOD OF DISPOSITION 19 Burial 2 Cremation 3 Remova 4 Donatton 5 Donat Specific	I from State	20b. PLACE O other place	ce)		,				ATION — C			
		Berkl	ey l					Joh				
21, SHIMATURE OF PLINETIAL SETTICE LICEN	Slac	k Mo	35			ox 26					Home Md 21	043
23. PART1. Enter the diseases, or con ahock, or heert fellure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	ARTERIOSO	on eech line.	C CAF	RDIOV				flac or reaple	atory arre	eat,	Approxima Interval Be Onset and	tween
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSEQ	UENCE OF):								
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSECU	UENCE OF):								
CAUSE (Disease or injury that initiated events	contributing to de				erlying ce	use given ir	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FIR AMAILABLE PRIORA COMPLETION OF C OF DEATH?	NUSE
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of FATTY CHANGE OF 1	contributing to de			n the und	28. PLACE	use given in		PERFOR	MED?		AVAILABLE PRIOR 1 COMPLETION OF G OF DEATH?	NUSE
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions FATTY CHANGE OF I	contributing to de	eath but not re	esulting l	n the und	28. PLACE		heck only o	PERFOR	MED?		AVAILABLE PRIOR 1 COMPLETION OF G OF DEATH?	NUSE
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of FATTY CHANGE OF I 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending	contributing to de	eath but not re	DOA 28b. TIME	OTHER:	28. PLACE	OF DEATH (C	heck only o	PERFOR	MED?	×	AVAILABLE PRIOR 1 COMPLETION OF G OF DEATH?	NUSE
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of FATTY CHANGE OF I 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 1 27. MANNER OF DEATH 1 Natural 5 Pending	CONTINUE OF IN (Month, Day)	eath but not re	DOA 28b. TIME	OTHER:	28. PLACE: ing Homa 28c. INJURY WORK? 1 YES	OF DEATH (C	8 Other	PERFOR	MED?	VA	AWAILABLE PRIOR I COMPLETION OF CO OF DEATH?	NUSE
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of FATTY CHANGE OF 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 NO 1 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 1 Netural 5 Pending Investigation 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be	CONTRIBUTING to de LIVER 10 SPITAL: topatient 2 E No. Contract Co	ER/Outpatient 3 IJURY INJURY — Al hon	DOA 28b. TIME INJU	OTHER: 4 Nural EOF URY M	28. PLACE :ng Home Congress (NJURY) WORK? 1 YES ry, office	OF DEATH (C	8 Other 28d. DE	PERFOR YES 2 IN (Specify) SCRIBE HOW IF CATION (Street a or Town, State)	MED? NO NURY OCC	URED or Aural Ac	AMAILABLE PRIOR I COMPLETION OF CO OF DEATH? YES 2 N	O MUSE O
CAUSE (Disease or injury their initiated events resulting in death) LAST PART II. Other aignificent conditions of the c	contributing to de LIVER OSPITAL:	ER/Outpatient 3 IJURY Year) INJURY — Al hon c. (Specify) y knowledge, dea	DOA 28b. TIME INJU	OTHER: OTHER: 4 Nursi E OF URY M interest, factor and at the tin	28. PLACE ing Homa 28c. INJURY WORK? 1 YES ry, office ne, deta and	OF DEATH (C	8 Other	PERFOR YES 2 IN (Specify) SCRIBE HOW IF CATION (Street a or Town, State)	NJURY OCC	URED or Rural Ro ad.	AMALABLE PRIOR I COMPLETION OF	O MUSE O

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the brospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit is the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

73

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

(2) 10 4 70 THE STATE OF

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perribe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crimation, or removal. IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	be filed within 72 hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.
	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	500										_	36) [101	0 3
	FOR 1 - STATE REGISTRAR	STATE OF MAR				I UF H E OF			MENIAL	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	DA	iy	YEAR	3. TIME OF	DEATH	
	FRED NMI CA	LHOUN								20,199	90		8:45		/ W
	213246805	5. SEX 6. /	AGE (In yrs. lest	YRS.	IF UNDE	DAYS	HOURS	MIN.	7. DATE OF	32 73L	.	Count	PLACE (State 7)		n
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CIT	r, TOWN O	R LOCATI	ON OF DE	ATH			NTY OF O			
E G	SACRED HEART HO	SPITAL			(Cumb	erl	and			AL	LEGA	NY		
10	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c. CIT	y TOWN	OR LOCAT	ION						10d. INSIDE	CITY	
DIRECTOR	Maryland Alleg	cany			dto								1 X YES		
	10s. STREET AND NUMBER	,				101.	ZIP COD	E			10g. CIT	ZEN OF	VHAT COUNT	RY?	
FUNERAL	Route 1 Box 15	57A					2	155	5			U	5 A		
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1				If yes, spe	cify Cube	ın, Mexica	in, Puerto Ri	(Specify Yea can, etc.)	or No-	14, RACI	- American c, White, etc.	Indian,	
B≼	3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES			1 TYES	2 📉 NO	Specifi	y:			Spec	Wnit	е	
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DEC	EDENT'S	USUAL C	CCUPATIO	ON at of working	na	16b. I	KIND OF BUS	SINESS/IND	DUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mo.	Do NOT u	se retired.)					Trar		~+~:	tion		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1	ruc	K D.	rive		HED'O NA	ME /Elmi All	iddle, Malden		rea	CIOII		
ш	Charles L. Cal	houn					Ma		IME (First, Mi	Keti		an			
TO B	19a. INFORMANT'S NAME (Type/Print) Fannie Maye									town			1555		
	20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE C	F DISPO	nda.	le (netery, cree	natory or	у	100000	cation –		own, State		
	21. NIGHATURE OF FUNERAL SERVICE LIC	ENSEE	Lw	01	H 22	afer	Ch Ch	SS OF FA	lof				Mortu MD 21		
	23. PART I. Enter the diseases, or a shock, or heart fallure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause		đ	not ente	r the mo	de of dy	ing, suc		ac or reap			Appr	oximata ral Betw t and D	Neen
RTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR	AS A CONSEO	UENCE O	F):										
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c. OUE TO (OR	AS A CONSEO	UENCE C	MF):								-		
Ē	that initiated events resulting in death) LAST														
CEI	DART II Other significant condition	o.	ath had and a		In the s			aluan In	Deat L	24a. WAS AN	AIFTORNY	Lau	. WERE AUTO	nov Emp	WIO.
CAL	PART II. Other significant condition	a contributing to de	eth but not n	sunny	m use u	moerrym	g cause	given in	Part I.	PERFOR	RMED?	43	AVAILABLE I	OT ROISE	
MEDICA										1 TYES 2	2 🔄 NO		OF DEATH?	2 🗆 NO	
		-							_						
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF	DEATH (C	heck only one)					
PHYSICIAN:	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 EF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			insing Hom		lesidence	8 🗆 Other						
	27. MANMÉR OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day,	JURY Year)	28b. Til	ME OF JURY M	WC	IURY AT ORK? YES 2	□ NO	28d. DE\$	CRIBE HOW	INJURY OC	CURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF IN building, etc.	NJURY — At hou (Specify)	me, farm,	street, fo	ctory, offic	20		28f. LOCA City o	ATION (Street or Town, State,	and Numbe	or Aural	Route Number		
OMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	CIAN: To the best of my											a) and manne	or an state	ted.
1 Ö															

TO BE

30. NAME AND ADDRESS OF PERS 907 SETO 31. DATE FILEO (MONTH, Day, Vear) MAY 2 4 1990

32. REGISTRAR'S SIGNATURE

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ITEMS:23 thru 28f per ME G-664

6-8-90 cm FOR

TC	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
STRAR	CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRA	R	OINIE OI II	C				DEATH	HEHIM	REG. NO.	_			
	AME (First, Middle, Last)			191				2. DATE	OF DEATH		VEAR	3. TIME OF DEATH	
FRANC	S	A.			CON	NER	3	4 4	4 Dy	8 1	.990	6:55 P	M
4. SOCIAL SECU		5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS.	7. DATE	OF BIRTH		S. BIRTH Countr	IPLACE (State or Foreign	
222-2	2-9462	1 M 2 XF	51	YRS.	MONTHS	LIMYS	ricons min,	4-	164939			Dover,	D
R	ME (If not institution, give s	treet and number)					LOCATION OF DE	ATH			INTY OF D		
	hool Lane				Gr	een	sboro				Caro	line	
10a. STATE	OF DECEDENT	,		10c. CIT	Y, TOWN OR	LOCATI	DN	-				10d. INSIDE CITY	
MD	Caro	line		Gr	eensk	orc	i.					YES 2 NO	
10e. STREET ANI						-	ZIP CODE			10g. CI7	IZEN OF V	WHAT COUNTRY?	
10e. STREET AND 106. STREET AND 11. MARITAL STA	School St						21639			US	SA		
11. MARITAL STA	us	12. WAS DECEDEN					NDENT OF HISPAN			or No-	14. RACI	E — American Indian,	-
1 Never Marri	ed 2 Married	FORCES? 1	YES 2 AR OR DATES	X6 0			cify Cuban, Mexica 2 🔀 NO Specify		Rican, etc.)			white, etc.	
3 Widowed												willte	
	15. DECEDENT'S EOU Specify only highest grade	CATION completed)	(Work done do			16b	KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Se	condary (0-12)	College (1-4 or 5	·)	ashie				G	reens	horo	Gro	cery Store	٩
E 17 EATHER'S NA	AE (First, Middle, Lest)		1 00	231116		1	18. MOTHER'S NA				0.0	cery Store	_
	ter Yearsle	2V					unkı			Surrierrie)			
100 INFORMANT			1	9b. MAILING	ADDRESS	(Street an	d Number or Rural i			m, State, Zi	(p Code)		
Jan	et Patterso	n					eet, Gre)	
20a. METHOD OF			20b. PLACE	E OF DISPO			stery, crematory or				City or To		
	Cremation 3 Ram 5 Other (Specify)	oval from State	other (Sa (solece)	lisbu	ry (Cremator	^y	Sal	isbu	ry, I	MD	
21. SIGNATURE C	F FUNERAL SERVICE LI	CENSEE			22. N	AME AN	D ADDRESS OF FA	CILITY			4D 2	1630	
	4.1.6	100	.1)		=1	اممما	o. Wolfe	Gre	ensbo	ro, r	MD Z	POBx 160	^
Sequentisty if feny, leading cause. Enter to CAUSE (Dissect that initiated resulting in distance)	st conditions, to immediate JNDERLYING se or injury wents	b. OUE TO	(OR AS A CONS	EQUENCE O	OF): OF):		;AD						
Į.		d										-	
PART II. Oths 25. WAS CASE RI EXAMINER? 1 X YES 2 27. MANNER OF	significant condition	es contributing to	death but not	resulting	In the unc	lerlying	cause given in	Part i.	24a. WAS AN PERFOI 1 YES	RMED?	248	AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
25. WAS CASE R	FERRED TO MEDICAL					26. PL	ACE OF OEATH (C)	neck only o	ne)				_
EXAMINER?	□ NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER		5 XResidence	6 🗆 Othe	r (Specify)				
27. MANNER OF	DEATH	28a. DATE OF	INJURY	28b. TH	ME OF	28c. INJI	JRY AT	,	SCRIBE HOW	INJURY O	CCURED		
	5 Pending Investigation	4-28-5	70		UP M	1 Y	ES 2 NO	SUB	JECT S	HOT	SELF		
2 Accident 3 Suicide 4 Homicid	6 Could not be	28e. PLACE Obuilding.	OF INJURY — At I , etc. (Specify)	home, farm,	street, facto	ry, office		GRE	ATION (Street or Town, State ENSBOR	and Numb	AROL.	AGUS NUMBER REET	r AN
4 Homicid	1 CERTIFYING PHYS											s) and manner as state	ıd.
29b. NONATURE	AND TITES OF CERTIFIE	R					29c. LICENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)	
	-Xm	1					OCM	E		•	4-29-	-90	
-	A. Kaplan	1	ISE OF DEATH (T	TEM 27) (Typ	e, Print)	11	.1 Penn S		Balto	. M	D 2	1201	
31. DATE FILED (Month, Day, Year)	22 DECISTO	AR'S SIGNATURE	7.1	1.00			,	24100	- Y 1.1	J 2.		
	MAY 04 '90	0-	www.doc	m-Man	معاد								



TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. In the hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT				MENTA	REG. NO.	Ē		
}	1. DECEDENT'S NAME (First, Middle, Last)	E.	Call	nh	and	′			2. DATE MONT	of OEATH		YEAR 990	3. TIME OF DEATH 8:17 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	R 24 HRS. MIN.	7. OATE	OF BIRTH		8. BIRTI Count	IPLACE (State or Foreign ry)
	217-36-0309	1 📈 M 2 🗆 F	68	THS.				THE CO.		5 194			yland
E E	9a. FACILITY NAME (If not Institution, give st Memorial Ho	spital				ast	On LOCATI	ION OF O	EATH			NTY OF C	
5	RESIDENCE OF DECEDENT												
DIRECTOR	Maryland 106. COUNTY	Caroli	ne	10c. CIT	Y, TOWN	OR LOCAT		ntor	n				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	10e. STREET AND NUMBER		-			101	216				10g. CIT		what country?
W I	Maryland Route												
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	IT EVER IN U.S. ARI YES 27 N MAR OR DATES			If yes, sp		an, Mexice	en, Puerto	N? (Specify Yea Ricen, etc.)	or No-	Spec	E — American Indien, k, White, atc. #/y: ICASIAN
	15. OECEOENT'S EOU	CATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON .		161	b. KIND OF BUS	INESS/INI		Castan
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		(GI III)	ive kind of	work done se retired.)	during mo	st of world	ing		Farm			
M	17. FATHER'S NAME (First, Middle, Last)						18 MOT	HED'S NA	ME (First	Middle, Malden			
BE CC	Thomas Carro	11 C	allahan				F	rand	ces	Lydi	a T	Whit	e
10	190. INFORMANT'S NAME (Type/Print) Shirley S. Cal	lahan								on, Ma			21629
	20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem	oval from Stale	20b. PLACE other pla	ece)				·	le.			•	own, State aryland
1	4 □ Donetion 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENGE	_ Wood1	awn			ND ADDRI			Las	COII	, I'l	aryranu
	· Nandalo	HII	och		22.	Moc	re	Fune	era1	Home			
	23. PART I, Enter the dieeeses or cahock, or heert fallure.				not enter	r the mo	de of dy	/Ing, suc	ch ea cer	rdiec or respi	ratory sr	rest,	Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	Bilai	mal	Po	VIU	noN	iA	(1	1spil	RATION			3 WKS
_		DUE TO	OR AS A CONSE	OUENCE (OF):				,				
CERTIFICATION	Sequentially list conditions, If sny, leeding to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEC	QUENCE C	OF):								
윤	CAUSE (Disease or injury that initieted events	c. OUE TO	OR AS A CONSE	OUENCE C	OF):								Approx
ERTI	resulting in deeth) LAST	a. CRY	1700000	1/	Me	Wil	45 17	Til				_	5 WAKS
10	PART II. Other significant condition	s contributing to	desth but not r	resulting	in the u	nderiyin	g cause	given in	Part I.	24a. WAS AN		24	b. WERE AUTOPSY FINDINGS
	STENSID DEPE	WART	Rhan	11/2	id,	917	7/n.	715		1 TYES 2	_	-	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC									_				1 YE\$ 2 -HO
₹	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	OEATH (C	heck only o	one)			
S	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outputlent 3	I DOA	OTHE		no 5 🗆 5	lesidence	6 T O#	ner (Specify)			
≚	27. MANNER OF DEATH	28e. DATE O		28b. TII		_	JURY AT		_	ESCRIBE HOW I	NJURY O	CCURED	
ВУ Р	1 Netural 5 Pending 2 Accident investigation		Day, Year)		M	W	YES 2	□ NO		_,			
	3 Suicide 8 Could not be 4 Homicide determined		OF INJURY — At he i, etc. (Specify)	ome, farm,	street, fac	ctory, offic	ie .			CATION (Street of by or Town, State)		er or Rural	Route Number,
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYS												(s) end manner as stated.
8		-	- Aminimum englor	veergat	, ni my	эриноп,				with piace, en			
BE	29b. SIGNATURE AND TITLE DE CONTUFIE	land	a mī				29c. LI	CENSE NU	3 / 4	166	29d. DA	TE SIGNE	(Mgnth, Dey, Year)

32. REGISTRAR'S SIGNATURE
Sicha Davidson-Randall

24

4 19

DHMH-16 Rev 1/89

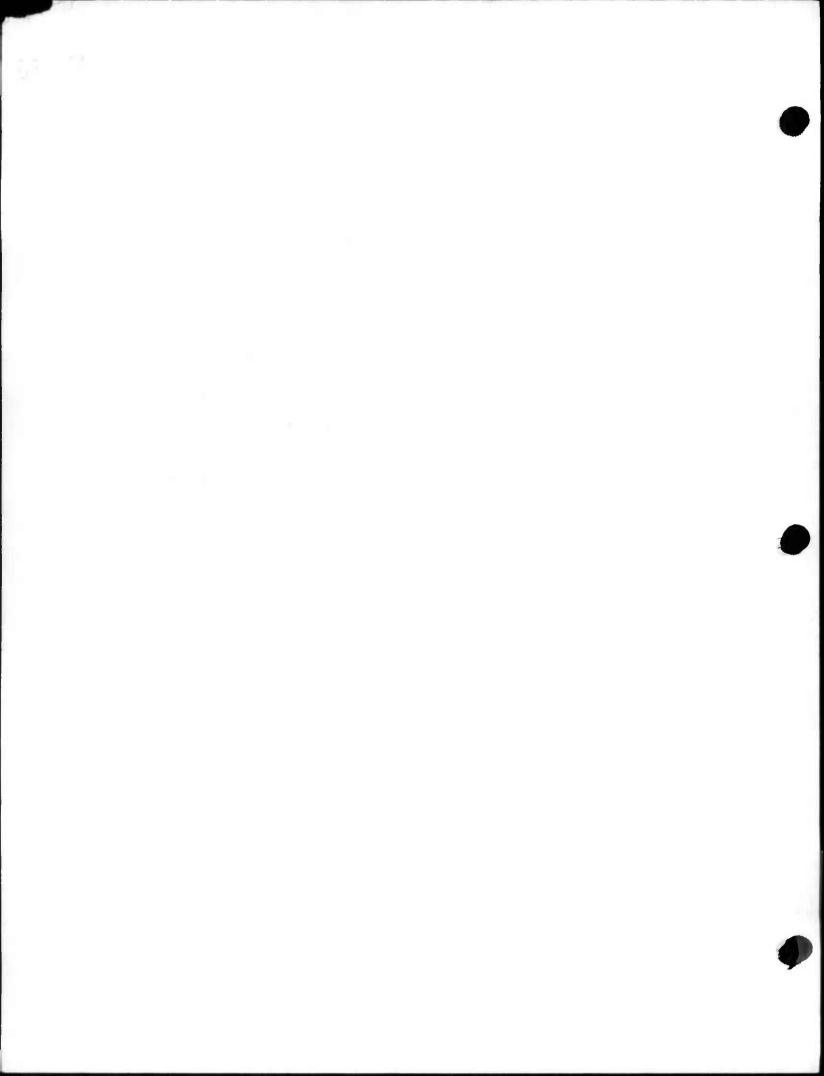
190

314

Dutchmen's Lane, Easton, MD

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within "BY mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burlat-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			F HEALTH AND I	MENTAL HYG		
i	1. DECEDENT'S NAME (First, Middle, Last)			-		2. DATE OF OEA	гн	3. TIME OF DEATH
i	WILLIAM H		CARTER J	r.		MAY 8	3, 1990	8:40 h M
1	4. SOCIAL SECURITY NUMBER	s. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRT	H in	BIRTHPLACE (State or Foreign
}	220-26-4174 9s. FACILITY NAME (If not institution, give stree	M 2 F	59 YRS.		WN OR LOCATION OF DE	(Month, Day, Ye 12-		MD Y OF DEATH
DIRECTOR	MEMORIAL HOSPITA	·			TON		TAL	
C	10a. STATE 10b. COUNTY		10c. CITY	TOWN OR L	OCATION		5300-	10d. INSIDE CITY
	MD Quee	n Anne	Que	n An	ne			1 YES 2 NO
	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
FUNERAL	Rt. 1 Box 126A				21657			USA
5	11. MARITAL STATUS	2. WAS DECEDENT EVER IN			DECENDENT OF HISPAN		fy Yes or No— 1	4. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES			s, specify Cuban, Mexical YES 2 XNO Specify		۵.)	Black, White, etc. Specify:
BÁ	3 Wildowed 4 Divorced			<u> </u>				Specify: White
TED	15. DECEDENT'S EDUCAT (Specify only highest grade co		16a. DECEOENT'S I	DSUAL OCCU	PATION ng most of working	16b. KIND 0	F BUSINESS/INDU	STRY
	6 th	College (1-4 or 5+)	mechar			D D	D-I.	
COMPLET	17. FATHER'S NAME (First, Middle, Last)		mechai	IIC		ME (First, Middle, M	Baker	& Sons
	William H. Carter,	Sr.			1000	Me (First, Middle, M Kenton (
BE	19s. INFORMANT'S NAME (Type/Print)	-	10h MAN INC	ADDRESS (S	treet and Number or Rural I			(code)
2	Mary Carter				, MD 21636		or nown, Statu, Zip C	ooe)
	20a. METHOD OF DISPOSITION Surial 2 Cremation 3 Ramovi	206	. PLACE OF DISPOS		of cemetery, cremetory or		c. LOCATION — CI	ty or Town, State
	Parial 2	al from State	other place)	Green	sboro Ceme	eterv	Greensb	oro MD
İ	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE			ME AND ADDRESS OF FA	GLITY Gre	ensboro	, MD 21639
	•			Flee	gle-Helfen	bein Fn	Hm, PO	Bx 160
	23. PART i. Enter tha diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition			ot anter the	e mode of dying, suc	h ss cardiec or	reepiratory srre	Approximate interval Between Onset and Death
	resulting in deeth) a.	DUE TO (OR AS A	CONSEQUENCE OF	<u></u>	Vacker	1		and Chan
.		CO	: 6	T.J.	1.015 1000	tun	Dino	an tolor
ERTIFICATION	Sequentially liet conditions, if eny, leeding to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	a provide	Auril) July	1900
3	ceuse. Enter UNDERLYING CAUSE (Disesse or injury						0	
	that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):				
E E	d.							
C	PART ii. Other significant conditions	contributing to deeth b	out not resulting i	n the unde	rlying cause given in	Part I. 24a. W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
<u>ა</u>	Storald	Deres	ndene				ERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
		0			-	_ '''	ES MYNO	OF DEATH?
≥						_		1 10 10 10
≸ I	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF OEATH (Ch	eck only one)		
<u>i</u>	and the second s	HOSPITAL:	patient 3 🗆 OOA	OTHER:	Home 5 - Residence	6 Other (Specifi	y)	
PHYSICIAN: MEDIC	27. MANNER OF OEATH 12. Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	JRY	c. INJURY AT WORK?	28d. OESCRIBE	HOW INJURY OCCU	PRED
`	2 Accident Investigation	DE DI ACE OF IN HIER	/ At home from a		YES 2 NO	201 1 22471211		0.10
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Spe-	cffy)	treet, factory	, отнев	City or Town,		r Rural Route Number,
9	29a. CERTIFIER Check only	AN: To the best of my know	dadas danth assum	el es shee sleet	day and alarm and dis	4. 4	4	
COMPLET	anal .							cause(a) and menner as stated.
BEO	296. SCHATURE AND TITLE OF CENTIFIER	1 14.5	A		29c. LICENSE NUI	MBER	29d. DATE	SACRAES (Month, Day, Year)
2	toleray Chod	(03 M)		21.1			5/	890
	30. NAME AND ADDRESS OF PERSON WHO PIGREGERHODE	211			US LANE.	Fasta	J Mr	21601
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE		us while,	T13 (0)	V) / *(1)	2160
	MAY 10 '90	Gula Da	ridson-Rand	ell_				
								DHMH-16 Rev 1/89



3. TIME OF DEATH

10d. INSIDE CITY 1 YES 2 X NO

PM

9:20

Pakistan

10g. CITIZEN OF WHAT COUNTRY? United States

14. RACE — American Indian, Black, White, etc. Specify:

Asian Indian

9c. COUNTY OF DEATH Montgomery

6. BIRTHPLACE (State or Foreign

2. DATE OF DEATH DAY

May 8, 1990

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A	6	1	28
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mouns after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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F	H	2	-

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First Middle, Last)

29b. SIGNATURE AND TITLE GE-CERTIFIED

John S. Rogers,

31. DATE FILED (Month, Day, Year)

M.D.

12. REGIŞERAR'S ŞIGNATURE

Julia Davidson Randoll

Suraj Chibber

			4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (/	In yrs. last birthday		R 1 YEAR	IF UNDER		7. DATE OF BIRTH		6. BIR
			395-56-1023	3	1 🔀 M 2 🗌 F	7	75 YRS.	MONTHS	DAYS	HOURA	MIN.	(Month, Day, Year) April 7,	1915	P
6	-		9a. CACILITY NAME (If not I	nstitution, give s	rr∾ and number)			9b. CIT	Y, TOWN C	R LOCATIO	N OF DE	ATH	9c. COU	NTY OF
<u>(</u> ë	E)	TOR	Washington		tist Hos	spita	1	Tal	koma	Park			Мо	ntgo
'	age	DIRECTOR	10a. STATE	10b. COUNTY	1		10c. C	ITY, TOWN	OR LOCAT	TION				
	ij.	0	Maryland	Mol	ntgomery		1	Rockv	ille					
	Peri	A	10s. STREET AND NUMBER	ì					101	. ZIP CODE			10g. CIT	IZEN OF
	nsit	띮	10509 Al	loway I	rive					2085	4		Uni	ted
46	physician. burîal-transit permit.	FUNERAL	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 XNO	13.	If yes, sp		, Mexicar	IC ORIGIN? (Specify n, Puerlo Rican, etc.)	fes or No—	14. RA Bio
5	ding	ВУ	3 🕅 Widowed 4 🗌 Div	orced							,			As
21203-3146	or attending r use as the	ETED	(Specify or	CEDENT'S EDU	completed)		16a, DECEDENT (Give kind a life, Do NOT	"S USUAL Cof work done use retired.)	during mo		9	16b, KIND OF I	USINESS/IN	DUSTRY
	- P		Elementary/Secondary (0-12)	College (1-4 or 5	+)	Mechar			ineer		Ceme	nt Fa	ctoi
Z	the hospit detached once.	COMP	17. FATHER'S NAME (First, I	Middle, Lest)		•				16. MOTH	ER'S NAI	ME (First, Middle, Meid	en Surname)	
MARYLAND	2 2 2	BE C	Baksin Ab	nasni 1	Ram Chib	ber				Sa	rswa	ati Chibb	er	
AR	5 should notified	TO B	19a. INFORMANT'S NAME				19b. MAILI	NG ADDRES	S (Street a	and Number	or Rural F	Route Number, City or	own, State, Zi	p Code)
	A 8 0	F	Vivek Vaid									Rockvill	e, Ma	ryla
H.	@		20a. METHOD OF DISPOSI 1 Burlel 2 Cremati	TION on 3 🗆 Ram	oval from State	5500	other place)						LOCATION -	V-1111
ō	9 6		4 Donation 5 Othe			_ M	ontgome		_				thesd	
BALTIMORE,	ier death, Page 6 m the funeral director, wal,		21. SIGNATURE OF FUNER Barbara				100381 Ince	Ro Bo A	ober ethe venu	t A. sda-C e, Be	Pump hevy thes	hrey Fun Chase, da, Mary	eral : Inc. land	755 208
	d in by the or removal		23. PART i. Enter the		omplications th									rrest,
	DO E		IMMEDIATE CAUSE (F		5				6.		,			
			disease or condition resulting in death)	\rightarrow			Zng		in	376	16	n		
46,	B 0 %				DUE TO	/	CONSEQUENCE	OF):		01	2	Emor	1/	11
13146,	be executed sician and com- rior to burial, traumatic ev	ON	Sequentially list cond	tiona.	b. Fle	ed!	20	XV 0	7	164		cmov	26/	27
	be dian	5			DUE TO	U [UK AS A	CONSEQUENCE	OF):	,		b			
ŏ	rion tra	73	If any, leading to imm cause. Enter UNDERLY	ediate /ING	DUE TO	O (OR AS A	CONSEQUENCE	OF):	tx		100	1001	13.0 t	L
BOX	phys ne p	IFIC/	If any, leading to imm	ediate /ING	. Sec	On	CONSEQUENCE	3/	to	1	ng	iopi	es t	y
Ö	th certificate ending phys if Hygiene p	ERTIFICATION	If any, leading to imm- cause. Enter UNDERLY CAUSE (Disease or in)	ediate /iNG ury	. Sec	On	CONSEQUENCE	3/	to	A	ng	iopi	es t	y
P.O.	th certificate ending phys if Hygiene p	S	If any, leading to immonute cause. Enter UNDERLY CAUSE (Disease or injury) that initiated events	ediate /ING jury	c. COUE TO	O (OR AS A	CONSEQUENCE	on:	Lo	g cause g	in g	Part I. 24a. WAS	an autopsy	* *
P.O.	at the death certificate by the attending phys and Mental Hygiene p y injury, or other	S	If any, leading to imm cause. Enter UNDERLY CAUSE (Disease or inj that initiated events reaulting in death) LA	ediate VING ury ST	c. DUE TO	O (OR AS A	CONSEQUENCE	g in the u	Lo Inderlyin	g cause g	piven in	PERI	ORMED?	* * * * * * * * * * * * * * * * * * *
P.O.	that the death certificate ed by the attending physith and Mental Hygiene pany injury, or other	EDICAL CE	If any, leading to imm cause. Enter UNDERLY CAUSE (Disease or inj that initiated events reaulting in death) LA	ediate /ING jury	c. DUE TO	O (OR AS A	CONSEQUENCE	g in the u	to inderlying	g cause g	plven in		ORMED?	* * * * * * * * * * * * * * * * * * *
P.O.	requires that the death certificate sen signed by the attending phys of Health and Mental Hygiene p thows any Injury, or other	MEDICAL CE	If any, leading to imm cause. Enter UNDERLY CAUSE (Disease or inj that initiated events reaulting in death) LA	ediate VING ury ST	c. DUE TO	O (OR AS A	CONSEQUENCE	g in the u	Lo underlyin	g cause g	plven in	PERI	ORMED?	1
L RECORDS, P.O.	is law requires that the death certificate has been signed by the attending phys Dept. of Health and Mental Hygiene p 23 shows any Injury, or other?	MEDICAL CE	If any, leading to imm cause. Enter UNDERLY CAUSE (Disease or inj that initiated events reaulting in death) LA	ediate //NG urry ST	c. DUE TO	O (OR AS A	CONSEQUENCE	g in the u	V to	vy	B	PERI	ORMED?	7
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> t Factory Sumame) r rn, State, Zip Code) , Maryland 20854 CATION — City or Town, Stata hesda, Maryland eral Home/ inc. 7557 Wisconsin and 20814-3501 iratory arrest, Approximata intarvai Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? AUTOPSY 2 NO 1 X YES 2 NO INJURY OCCURED and Number or Rural Route Number, 29d, DATE SIGNED (Month, Day, Year) 1919 Seminary Road, Silver Spring, Maryland DHMH-18 Rev 1/89

290, LICENSE NUMBER



BE

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ir death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1. or temoval. be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	he funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 second al.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.	examiner must be notified at once.

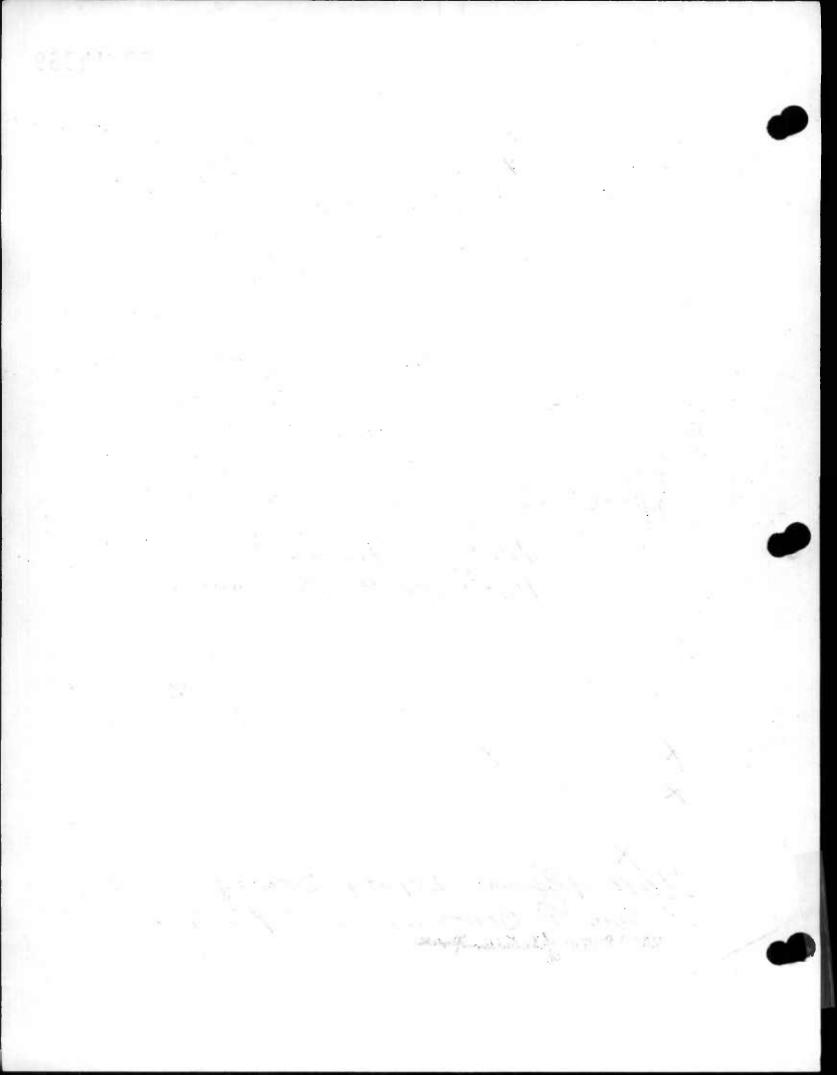
FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CI	ERTIFIC	CATE C	OF DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEATH
	HELEN	S.	COUSI	EN			MONTH	94%	2	90	10:10 P. m
ļ	1120017	5. SEX		-	IF UNDER 1 YE/	. T	3	DUDTU		/	
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les		ONTHE DAY		7. DATE OF (Month, D			Country)	PLACE (State or Foreign
ì	200-16-3329	1 □ M 2 🔀 F	65	YRS.			8-18	-1924		Peni	nsylvania
1	Sa. FACILITY NAME (If not institution, give a	treet and number)			DE CITY, TOV	WN OR LOCATION OF D	EATH		9c. COUN	TY OF DE	ATH
c	12502 Wantalain	Davis			C + 1	C:1			Montgomery		
2	12503 Montclair	Drive			Silver Silver				Montgomery		
DIRECTOR	10a. STATE 10b. COUNTY	7		10c. CITY.	TOWN OR LO	CATION				T	10d. INSIDE CITY
	A CONTRACTOR OF THE PROPERTY O										LIMITS?
		Montgome:	ry	SILV	er Sp						1 YES 2 NO
4	10e. STREET AND NUMBER					10f, ZIP CODE			10g. CITIZ	EN OF WI	HAT COUNTRY?
FUNERAL	12503 Montclai	r Drive							Ţ	JSA	
Ξ	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	MED	13, WAS	DECENDENT OF HISPAI	NIC ORIGIN? (Specify Yea	or No—	14. RACE	- American Indian, White, etc.
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	☐ YES 2 🔯	NO		s, specify Cuban, Maxica		en, etc.)			
BY	3 Widowed 4 Divorced	IF YES, GIVE W	PAR ON DATES		1 '"	YES 2 NO Specif	у.			Specify	White
	15. DECEDENT'S EDU	CATION	16a D6	CEDENT'S U	BIIAL OCCUR	MICH	185 KI	IND OF BUSI	MESS/INDI	ICTOV	
ETED	(Specify only highest grade		(G	ive kind of wo	rk done during	g most of working	100. 7.	IND OF BOSI	MESS/INDC	/31N1	
	Elementary/Secondary (0-12)	College (1-4 or 5+	•)								1
	1-12	N/A	Se	ecreta	ry-Bo	okkeeper	Cou	sen F	loris	st	
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Mid	die, Maiden S	lumame)		
ш 	Francis	Suchter				Josep	hine	Valer	n f		
8	19a, INFORMANT'S NAME (Type/Print)	10	h MAILING A	DORESS (Str	eet and Number or Rural						
인	Helen E. Thorpe					wood Court				,	1 20006
.			1				, DII	_	` `		
	20a. METHOD OF DISPOSITION 1)(Burial 2 Cremation 3 Rem	oval from State	20b. PLACE other pi		TION (Name o	of cemetery, crematory or			ATION — C		2.4-307.11
	4 Donation 5 Other (Specify)				Heav	en Cemeter	ry	Sil	ver S	Spri	ng, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. NAM	E AND ADDRESS OF FA	CILITY				
	100,63	- 1.1				es/Rinald:					- 1
	care	s we	in		118	00 N.H. Av	ve., S	il. S	pr. N	44. 3	20904
	23. PART I. Enter the diseases, or									ICI o	
								c or reapir	atory arre		Approximete
- 1	shock, or heert failure.							c or reapir	atory arre		Interval Between
	shock, or heert failure.	List only one cau	se on each line	0.	t enter the	mode of dying, suc	ch aa cardle	·		est,	
	shock, or heert failure.	List only one cau	437	CAU	t enter the		ch aa cardle	·		est,	Interval Between
	shock, or heert failure.	List only one cau	se on each line	CAU	t enter the	mode of dying, suc	ch aa cardle	·		est,	Interval Between
Z	shock, or heert failure. HMMEDIATE CAUSE (Final disease or condition resulting in deeth)	List only one cau	437	CAU	t enter the	mode of dying, suc	ch aa cardle	·		est,	Interval Between
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a basis

y the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag		rt once.
eath. Page 6 may be retained by the	ctor, page 5		must be n
leath. Page	funeral dire		xaminer 1
ours after (in by the	ir removal.	nedical e
Affin 24 ric	etely filled	remation, c	ent, the n
executed v	n and comp	to burial, c	matic evi
equires that the death certificate be executed within 24 nours after de	ng physiciar	giene prior	other trau
he death of	the attendi	Mental Hy	njury, or
nires that t	signed by	Health and	ws amy I
The law req	e has been	te Dept. of	m 23 sh
HYSICIAN: 1	nis certificat	vith the Sta	ed, or Ite
TENDING PI	OR: After th	fter death w	18 Is mark
ITAL OR AT	PAL DIRECT	72 hours a	If Item 2
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	THE FUNE	filed within	IMPORTANT; If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
22	2	Pe	**

\	1. DECEDFRY'S NAME (First, Middle, Lest) Jessica Michell 4. SOCIAL SECURITY NUMBER 5. SEX	.e (~			2. DATE OF DEATH		3. TIME OF CEATH
\	4. SOCIAL SECUNITY NUMBER 5. SEX		Castleto	n		5/11/90	AE AE	11:30pm
١ (6. AGE (In yrs. le		ER 1 YEAR		7. DATE OF BIRTH	8.1	SIRTHPLACE (State or Foreig
	526-57-5524 1□M2XF	16	YRS. MONTH		HOURS MIN.	4/15/74	A	rizona
/	9a. FACT TY NAME (I not Institution, give street end number) Anne Arundel Medical Cente	r		ру, тоwn о nnapo.	R LOCATION OF OEA	TH '	9c. COUNTY Δηηρ	of DEATH Arundel
ECTO	RESIDENCE OF DECEDENT	1 1 1 1	14	mapo.	113		7MHC	THE UTICE T
DIRE	MD Anne Arundel		Severn					10d. INSIDE CITY
- 10-	MD Anne Arundel 100. STREET AND NUMBER		Severii		ZIP CODE		10g. CITIZEN	1 ☐ YES 2 NO
ERA	507 Owens Way				21146		USA	
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT FORCES? 1 13. Wildowed 4 Olvorced	YES 2 X		If yes, spe	2 NO Specify:	C ORIGIN? (Specify Ye. Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: Spanic/Whit
9	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	/0	ECEDENT'S USUAL	OCCUPATIO	IN	16b. KIND OF BU	SINESS/INDUST	RY
	Elamentary/Secondary (0-12) College (1-4 or 5+)	11/1	s. Do NOT use retire Student	1.)		Sophmor	o_Wigh	School
COMPL	10 17. FATHER'S NAME (First, Middle, Last)		Student		18. MOTHER'S NAM	E (First, Middle, Meiden		SCHOOL
u II	Lon Dee Castleton					V. Pare	_	
0 8	19e. INFORMANT'S NAME (Type/Print)	100				oute Number, City or Tox		ile)
-	Mr. Lon D. Castleton					Park MD 2	21146 CATION - City	
	20s. METHOD OF DISPOSITION [X] Burial 2 Cremetion 3 Removal from State 4 Donetion 5 Other-(Specify)	other p	MD Ve		notery, crometory or s Cemeter		ownsvil	
ı	21. SIGNATURE OF NUMERAL SERVICE LICENSISE				ID ADDRESS OF FAC	LITY .		chie Hwy.
- 1	· bold i San	L-1		Barra	nco Funei	al Home S	Severna	Park MD211
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. ULTIPLE VALIMA DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL	PART il. Other aignificent conditiona contributing to	resulting in the				N AUTOPSY RMED? 2 HO	24b. WERE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ck only one)		
SIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2	ER/Outpetlant	3 DOA 4 D	ER:	e 5 🗆 Residence (
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE OF (Month, De	INJURY ly, Year)	26b. TIME OF INJURY	28c. INJ		28d. DESCRIBE HOW	INJURY OCCUP	ED
BY	Natural 5 Pending 2 Accident Investigation		N N		YES 2 NO	201 00471011 (0)	and Months	Promit Provide March
	Suicide 6 Could not be determined 286. PLACE Of building,	etc. (Specify)	nome, farm, street,	ectory, office	*	28f. LOCATION (Street City or Town, State		rurai riouta Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the besis of ex							ause(s) and manner as at
0	216. MIGNATURE AND TITLE OF CERTIFIER	2	Da)	29c, LICENSE NUM	BER	29d. DATE S	IGNED (Month, Day, Yber)
- 11	and ground one and title or centigery							
TO BE CO	30, MAME AND ADDRESS OF PERSON WHO COMPLETED CAUS) 2	repu.	4	D06	059	15	-12-90



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

) 0	130	10
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		TMENT OF H		MENTAL HYGIEN REG. NO.	E			
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	v	YEAR 3.	TIME OF DEATH	
t t	C	AROLYN	E.	CAGE	R	MAY 1			09:30	Ам
į.		5. SEX 6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	3	5. BIRTHPL Country)	ACE (State or Fore	iign
	214-40-1081	1 □ M 2 🔯 F 47	YRS.	MONTHS DAYS	HOURS MIN.	Nov. 5 19	942 │	MARY	LAND	
	Sa. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOWN C	R LOCATION OF DE			TY OF DEA		\neg
œ	NODTH ADUNDEL HO	COTTAL		CLEN DII	RNIE. MA	DVI AND	ANN	E ARL	INDEL	
6 1	NORTH ARUNDEL HO	SPITAL		I GLEN DU	KIVIE. MA	KILAND	LANIN			
DIRECTOR	10e. STATE 10b. COUNTY			Y, TOWN OR LOCAT	ION			10	Dd. INSIDE CITY LIMITS?	
	MARYLAND ANNE A	RUNDEL	SE	EVERNA PA					YES 2 N	10
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZ	EN OF WH	AT COUNTRY?	
<u> </u>	128 PINEVIEW AVEN			2	21146		U.S.	Α.		
ا ج		12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES X	ARMED X NO			HC ORIGIN? (Specify Yes	or No-	14. RACE - Black, Y	- American Indian White, etc.	ij.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES			NO Specify			Specify:		
		elen I a				16b, KIND OF BUS			ACK	-
回	15. DECEDENT'S EDUCA (Specify only highest grade co	impleted)	(Give kind of life. Do NOT u	work done during mo	st of working	166. KIND OF BU	PINESSYINOC	Joint		
الإ	Elementary/Secondary (0-12)	College (1-4 or 5+)		IS REP.		SOCIAL	SECUE	TTV	ADM	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		OBITE	IO RELI	40 MOTHER'S MA	ME (First, Middle, Maiden		(III	יועח.	
	FRANK CAGER					OYS WHTTE	Surreme)			
BE	19e. INFORMANT'S NAME (Type/Print)		405 5440 044	2 4 D D D F 6 0 (O) 4		Route Number, City or Tow	en Ctesto Tio	Conto		
2										
	SHARON CAGER 20a. METHOD OF DISPOSITION			DLEWILD SITION (Name of cer		ERNA PARK.	MARYI CATION — C			
	15 Burial 2 - Cremetion 3 - Remov	al from State othe	r place)							
	4 Donation 5 Other (Specify)		KY TUN		CHURCH CE	OILITY			RK, MD.	
	H	0				821 WE	EST ST	214	NAPOLIS	, MI
	Jarry 11	Seese				E & SONS MO			. A	
	23. PART I. Enter the gisesses, or co	mplications that caused the lat only one cause on each		not antar tha mo	da of dying, suc	h aa cardlac or reap	iratory arro	eat,	Approximat	
	IMMEDIATE CAUSE (Final	0.4 . 1	C 1	. (0/0		7		Onset and	Daath
ŀ	disease or condition resulting in death) s.	Metas	tour	26	gran	ong	+			
		DUE TO (OR AS A CON	SEQUENCE C	OF):	erein Ce	vvix.	,			
Z	Sequentially list conditions, b.	With Key	2020	1019 ()	rrest	- ol	me	-	-	
CERTIFICATION	If any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE C	OF):	0	Man				
2	CAUSE (Disease or Injury	DUE TO (OR AS A CON	lai	5-00.1	nai	1-000			+	
E	that initiated events resulting in death) LAST	Due 10 (on as a con	SEGUENCE (7	Toron	ubo Cyt	Lone	vic.	j	
5	d.	DINO	ene	2		-130	F		+	
_	PART II. Other significant conditions	contributing to death but n	ot resulting	in the underlyin	g cause given in	Part I. 24s. WAS AN			VERE AUTOPSY FIN	
MEDICA						1 _ YES			COMPLETION DF CA	
									YES 2 N	10
2						_				
A	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	heck only one)				
응		HOSPITAL: 1 Inpetient 2 ER/Outpetien	t 3 🗆 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Rasidence	6 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	25b. TII	ME OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCC	CURED		
ВУ Р	1 Natural 5 Pending Investigation	(Month, Day, rear)			YES 2 NO					
	2 Accident investigation 3 Suicide 5 Could not be	25a. PLACE OF INJURY — A building, atc. (Specify)	t home, farm,	, street, factory, offic	00	251. LOCATION (Street City or Town, State	and Number	or Rural Ro	ute Number,	
TED	4 Homicide determined	Tananagi and (opiniony)				, 5. 70177, 51010				
COMPLET	29a. CERTIFIER CERTIFYING PHYSIC	IAN: To the best of my knowledge	, death occu	rred at the time, date	a and place, and du	a to the cause(s) and ma	inner as stat	ed.		
N N	one)	: On the basis of examination and							and menner as st	ated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		2		29c. LICENSE NU	IMBER	29d. DAT	E SIGNED (Month, Day, Year)	
B						4136	▶ <i>E</i>	-/10	100	

7422 BALTO ANNAPOLIS BLVD

D-14136

29d. DATE SIGNED (Month, Day, Year) 110

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Paragramatical Systems (A)

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directior, page 5 should be detached for use as the burial-transit permit. Pages to the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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1. DECEDENT'S NAME (First	t, Middle, Last)				ICATE (TE OF DEAT				3. TIME OF DEA	ТН
LEROY A.	COFFY								НТИ	14		90	5:30	Р
4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER 1 Y		NDER 24 HRS.	7. DA	E OF BIRTI	н			IPLACE (State or I	oreign
579 24 970	5	1 🕅 M 2 🗆 F	64	YRS.	MONTHS D	AYB HOU	RS MIN.	3	18	26			INGTON,	D.
9a. FACILITY NAME (# not	institution, give s	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					EATH				
VAMC, FORT		D			BALTIMORE					BALTIMORE			DRE	_
10e. STATE	10b. COUNT				TY, TOWN OR L								10d. INSIDE CIT	Υ
MARYLAND		ARUNDEL			GLEN B			_		_			1 YES 2	NO
8065 LONGB		TEDDACE	ADOT OF T			210							VHAT COUNTRY?	
11. MARITAL STATUS	IVALVGLI	12. WAS DECEDEN			13. WAS		NT OF HISPA	NIC ORI	GIN? (Specif	Tv. Year o	US or No I		E — American Inc	lan
1 Never Married 2 X		FORCES? 1	YES 2 MAR OR DATES	NO	If ye	s, specify C	NO Specia	en, Puer				Black Speci	k, White, atc.	ruit;
3 Widowed 4 Div	3 Wildowed 4 Divorced WII					~~							HITE	
15. DE (Specify or	15. DECEDENT'S EDUCATION 16a. DE				work done duri	PATION ng most of w	vorking		6b. KIND O	F BUSI	NESS/IND	USTRY		
Elementary/Secondary (0-12) College (1-4 or 5+) TV REPAIRS														
17. FATHER'S NAME (First, Middle, Last)				IV R	EPAIRS	18, 8	MOTHER'S NA	AME (Fir:	t. Middle, M.	aiden S	urname)			_
ARTHUR COF	FY						MYRTL	E JO	SEPH	TNE	Tho	mpsc	n	
19a. INFORMANT'S NAME	(Type/Print)		1	9b. MAILIN	G ADDRESS (S					-				
CLINICAL R			V	A ME	DICAL	CENTE	R, FT	HO	VARD,	MA	RYLA	ND 2	1052	
20a. METHOD OF DISPOSI 1 Burtal 2 Cremati	TION ion 3 🗆 Rem	oval from State	other p	olace)	SITION (Name						ATION —			
4 Donation 5 Other	-	TENEDE .	Met	ro C	remato	ry, I	nc.	ACH ITY	IC.	ato	nsvi	He,	Balto.	, 1
A TOMA	Sechica)	Metro Crematory, Inc. Catonsville, Balto											
			-()											
23. PART i. Enter the	dieeesee, or	complications the	at ceused the d	leeth. Do	421	Crai	n Hwy	. S.	E, G	len			MD 2]	
	heart failure.	RESPII		AILU	not enter the	Crai	n Hwy	. S.	E, G	len				nate Betweend Dea
ahock, or immediate CAUSE (Figure 1) disease or condition	heart failure.	a. RESPIR DUE TO C. CHRON	RATORY F	CATLUI EQUENCE C	RE OF): VE PULL OF):	Crai mode of	n Hwy dylng, aud	. S.	E, G	len			Approxir interval Onset ar	nate Between d Dea
ahock, or immediate cause (Fi disease or condition resulting in death) Sequentially list conditions, leading to immicause. Enter UNDERLY CAUSE (Disease or injithat initiated events	itiona, ediete YiNG jury	a. RESPII DUE TO C. DUE TO d.	RATORY FOR OR AS A CONSI	PATLUI EQUENCE C EQUENCE C	RE OF): VE PUIL OF):	Crai e mode of	n Hwy dying, aud	S S S S S S S S S S S S S S S S S S S	E G G erdiec pr	len respir	atory arr	rest,	Approximately interval onset and HOUR	nate Betwee d Dea
ahock, or immediate cause (Fidisesse or condition resulting in death) Sequentially list condition, leading to immediate. Enter UNDERLY CAUSE (Disease or in that initiated events resulting in death) LA	itiona, ediete ying structure.	a. RESPII DUE TO b. CHRON DUE TO d	RATORY FOR OR AS A CONSI	PATLUI EQUENCE C EQUENCE C	RE OF): VE PUIL OF):	Crai e mode of	n Hwy dying, aud	S S S S S S S S S S S S S S S S S S S	E G G erdiec pr	len respira	AUTOPSY WED?	rest,	Approximate interval of the control	S S S FINDING R TO CAUSE
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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within sensorins after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlal-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARY					E .	1487
REGISTRAR DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	ATE OF	DEATH	REG. NO.	_	3. TIME OF DEATH
MARTHA	P COOKEDI				MONTH DA	- 90	455 P
I. SOCIAL SECURITY NUMBER	Charles and the Control of the Contr		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
218-68-5186	1 🗆 M 2 🗆 📉	80 YAS.	ONTHS DAYS	HOURS MIN.	12 25		LINOIS
SPRINGFIELD S'				R LOCATION OF DE		9c. COUNTY OF	ROLL
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TO							10d. INSIDE CITY
MARYLAND	100. 0111,	BAL	TIMORE			1X YES 2 NO	
00. STREET AND NUMBER 522 HARWOOD AV		101	21212			WHAT COUNTRY?	
1. MARITAL STATUS	IN U.S. ABMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes		CE — American Indian, ick, White, etc.	
Never Merried 2 Merried	S 2 NO DATES		2 NO Specify	n, Puerto Ricen, etc.)		eck, White, etc.	
15. DECEDENT'S EDUC		16e. DECEDENT'S US			18b. KIND OF BUS	INESS/INDUSTRY	
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) HOU				st or working	HOI	MEMAKEI	
77. FATHER'S NAME (First, Middle, Last)		11000			ME (First, Middle, Maiden	Surname)	
	KRATZ			NATAL			
19a. INFORMANT'S NAME (Type/Print) WILLIAM E. COO!	KERLY				Floute Number, City or Town LEN BURN:		21061 YLAND
20a, METHOD OF DISPOSITION	2 September 2	0b. PLACE OF DISPOSIT				CATION — City or	
Burial 2 Guimetton Burial 2 Guimetton Burial 2 Guimetton Guimett		DRUID F				KESVILI	LE, MD.
SIGNATURE OF TOWARD SERVICE LIC	J. Kou	fmen		OND C. CRAIN H		ERAL HO	OME 21061 RNIE, MD.
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	n-Ply HF	nistry.	avest	20	Interval Batween Onset and Death ID-IB Mu Galmutt IG 79
PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28, PI	LACE OF DEATH (Ch	eck only one)		7/
1 TYES 2 NO 27. MANNER OF DEATH	1 Inputient 2 ER/O	utpatient 3 DOA 4	□ Nursing Hon		8 Other (Specify)		
1 Natural 8 Pending	(Month, Day, Year		RY WO	PRK?	25d. DEŞCRIBE HOW I	/V / 1	
2 Accident investigation	28e. PLACE OF INJU	RY — A1 home, farm, str			28f. LOCATION (Street a	and Number or Run	al Route Number,
6 Could not be determined	building, stc. (S	pecify) N/A			City or Town, State)	,	X/A
and any	CIAN: To the best of my kn						e(a) and manner as stated.
206. SIGNATURE AND TITLE OF CERTIFIED SO, NAME AND ADDRESS OF PERSON WHO COURDES TO SEE	O COMPLETED CAUSE OF	7n - D. DEATH (ITEM 27) (Typo, F	Smy	D 12	482 40 HOSA	29d. DATE 9IGN ▶ 5/7	ED, (Month. Day. Year) - 5-1

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DIVISION OF VITAL RECORDS, F.O. BOA 13149,	HE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after of	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1	and within 70 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.
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DR. SHOBA REDDY
31. DATE FILED (MONTH, Day, Year)
MAY 1 4 1990

		FOR 1 - STATE	STATE OF MAR			F HEALTH AND	MENTAL HYGIE	NE	30 14873
		REGISTRAR		CER	TIFICATE (OF DEATH	REG. N) .	
		1. DECEDENT'S NAME (First, Middle, Last)	C.F.	-					3. TIME OF DEATH
		LEROY H CROU 4. SOCIAL SECURITY NUMBER	T	GE (In yrs. last birth	nday) IF UNDER 1 Y	EAR IF UNDER 24 HRS.	7. DATE OF BIRTH	12 9	0 1:40 PM BIRTHPLACE (State or Foreign
(3a)		214-01-8523	1 X XM 2 □ F	7.0	RS. MONTHS D	AYS HOURS MIN.	NOV. 1,	1911 N	Maryland
٣	DIRECTOR	NORTH ARUNDEL H	•			N BURNIE	EATH	OF OEATH ARUNDEL	
¥.	EC	10a. STATE 10b. COUNTY	,	10-	c. CITY, TOWN OR I	OCATION	-		10d. INSIDE CITY
mit. Pag	12.7	Maryland Anne	Arunde1	(Glen Bur	Tie		140- 0171751	LIMITS? 1 ☐ YES 2 ☒ NO OF WHAT COUNTRY?
n. svat pe	FUNERAL	216 Poplar Ave.				21061		U.S.	
heurs after death. Page 6 may be retained by the hospital or attending physician, ed in by the funeral director, page 5 should be detached for use as the burial-transit or removal. medical examiner must be notified at once.	ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If ye	B DECENDENT OF HISPA e, specify Cuban, Mexico YES 2 NO Specifi	in, Puarto Rican, etc.)	ea or No- 14.	RACE — American Indian, Black, Whita, etc. Specify: White
the hospital or attending detached for use as the Once.	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give ki	ENT'S USUAL OCCU nd of work done duri- NOT use retired.)		C228302	USINESS/INDUST	FRY
hospi lached	MP	12. FATHER'S NAME (First, Middle, Last)		Truck	Driver	48 MOTHER'S NA	Roadwa ME (First, Middle, Maide	y Expre	ess
d by the id be de	BE CC	Christopher Henry	Crouse			Mary E	llen Word	lsdell	
e retained e 5 should notified	10	1981. INFORMANT'S NAME (Type/Print) Eleanor Crouse				Ave., Gle	The state of the s		
ector, page must be		20a. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE OF D other place)		of cemetery, crematory or	20c. I	OCATION — City	or Town, State
Page il dire	-1	21. SIGNATURE OF FUHERAL BETWICE LIC	ENSEE	Meadowi		ME AND ADDRESS OF FA	CILITY	rsey. r	loward, MD
ter death. Page 6 m the funeral director, oval.		Ash a	Lul	l	Kin	kley Funer Crain Hwy	ral Home v. S.E., G	len Bur	nie, MD 21061
24 hours after filled in by the on, or removal		23. PART I. Enter the diseases, or o shock, or heart fellure.	List only one ceuse o	on each line.	Do not enter th	e mode of dying, suc	th ee cerdlec or ree	piretory erreet	, Approximate interval Between
fills ion,		IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ano	lid &	enpir	story a	ues!		Onset and Death
P	_		DUE TO (OR)	AS A CONSEQUEN	Isch Isch	Lewis	Cardi	Dun	popultin
clan or 1	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR	AS A CONSEQUE	ICE OF):	+1			
th certificate ending physister I Hygiene p	CERTIFIC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): CAD DUE TO (OR AS A CONSEQUENCE OF): CAUGHS LIVE Cardione					10 pl	li
0 0 0		PART II. Other significant condition	s contributing to deal				Part I. 24a. WAS	AN AUTOPSY	
SICIAN: The law requires that the certificate has been signed by the the State Dept. of Health and 1, or item 23 shows any in	MEDICA	Di	abelés 2	mell	i lin			ORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
requires een signe of Healt	델		Grastle	in Cin					1 YES 2 NO
law rec as beer Dept. of 23 sh			sei mi	e al	ejac	eler.			
d: The last cate has State De itom 2	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PLACE OF DEATH (C	heck only one)		
Triffica he Str	ΥSi	1 TES 2 NO	1 Inpatient 2 ER/			Home 5 - Residence			
NG PHYSIC fler this ce eath with to marked,	ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye	JRY 28	INJURY	c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOV	/ INJURY OCCUP	RED
TTENDI TOR: A after de 28 is	a a	3 Suicide 8 Could not be determined	28e. PLACE OF INJ building, etc. (farm, street, factory	, offica	281. LOCATION (Stree City or Town, Sta		Rural Route Number,
보 내 만 보	COMPLET	const. crity	ICIAN: To the best of my le						ause(a) and menner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE C	296. SIGNATURE AND TITLE OF CERTIFIE	Rodd	24. 1	10	29c. LICENSE NU D 3 7 5		29d. DATE S	IGNED (Month, Day, Year)
5 5 3 ₹	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM 27	(Type, Print)	03/3	. 00		3 10 (0

DRIVE

300

GLEN BURNIE MARYLAND

William III

20.001.05

Rhebau hafi i ne

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MARYLA 1 - STATE REGISTRAR	ND / DEPARTM	ENT OF H	EALTH AND ME DEATH	NTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	,			DATE OF DEATH		3. TIME OF DEATH	
,	No the M	1 10 11			MONTH DA		/3	
	MUTTLE V.	Chain			- 4.0	0 199		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (f)		UNDER 1 YEAR		DATE OF BIRTH (Month, Day, Year)	8. BIF	ITHPLACE (State or Foreign	
l l	212-12-5531 10 M 2 10 M	YRS. MON	THE DAYS	HOURS MIN.	3/29/03	000		
- 1	9a, FACULITY NAME (If not institution, give street and number)	O Ob	CITY TOWN O	R LOCATION OF DEATH		9c, COUNTY OF	Maryland	
~		1	1	1.			1	
DIRECTOR	Harford Mydorial Hosp		Haurl	de Grac	-6	Hai	Hora.	
5	RESIDENCE OF DECEDENT			100				
2	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
ᅙ	Maryland Harford	Abero	deen				1 YES 2 INO	
4	10e. STREET AND NUMBER	1		ZIP CODE		10a. CITIZEN O	F WHAT COUNTRY?	
FUNERAL	2442 61 1 122 7			W V. 1.				
9	3442 Churchville Road			21001		U.S.	Α	
51	11, MARITAL STATUS 12. WAS DECEDENT EVER IN			ENDENT OF HISPANIC		or No- 14. R/	ACE — American Indian, lack, White, etc.	
	1 Never Married 2 Married FORCES? 1 YES		1 TYES	cify Cuben, Mexican, P 2 😿 NO Specify:	ruanto Rican, arc.)	0.00	pecify:	
B	3 Widowed 4 Divorced		10.00	- M			While.	
0	15. OECEDENT'S EDUCATION	16a. OECEDENT'S USU	IAL OCCUPATIO	N .	16b, KIND OF BUS	INESS/INDUSTRO	/	
2	(Specify only highest grade completed)	(Give kind of work life. Do NOT use re	done during mos	st of working				
31	Elementary/Secondary (0-12) College (1-4 or 5+)							
d	12 0	_Homemake	r		In Hor	ne.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME	(First, Middle, Maiden	Surname)		
	UNK			Louisa S	mith			
B	19a. INFORMANT'S NAME (Type/Print)	T 405 MARI INC AD	DDEER (Compa)	nd Number or Rural Rout		- State 7/2 Code		
2	C-2.00.C-17.10.C-17.10.C-17.10.C-17.10.C-17.10.C-17.10.C-17.10.C-17.10.C-17.10.C-17.10.C-17.10.C-17.10.C-17.10	The second second						
- 1	Mrs. E. Elaine Smith	3436 C	nurchvi	ille Road	Aberdee	en, Md.	21001	
	20a. METHOD OF DISPOSITION 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Removal from State	PLACE OF DISPOSITIO	ON (Name of cen	netery, cremetory or	20c. LO	CATION - City or	Town, Stata	
	4 Donation 5 Other (Specify)	Paul's 1	Luthera	n Cemeter	√ Al	erdeen.	Maryland	
	21. SIGNATURE OF TUNENAL SERVICE UNITABLE	· raar b r		ID ADDRESS OF FACIL		oct acctr	rate y raina	
	LILIA/A		Tarri	ing-Cargo	Funeral H	Home, P.	Α.	
	NOOSAM (PAULI)			deen, Mary		001-3399		
	23. PART I. Enter the diseases, or complicatione that caused	the death. Do not					Approximate	
	ehock, or heert fellure. List only one cause on e-			,,,			interval Between	
	IMMEDIATE CAUSE (Finel	1 -	Λ	- 2 1	_		Onset and Death	
- 1	disease or condition resulting in death)	Linani	Crareco	OX TV	at 1			
	pue to lon As A	CONSEQUENCE OF:	- PP IV		0)		1	
	A	lel to	. hand	V V 2.	1	0.7	1 pu	
CERTIFICATION	Sequentially liet conditions,	for con	WAN	of win	V ACC	Low -	1/7	
Ĕ	if any, leading to immediate	CONSEQUENCE OF):		(5,	A		1 hon	
5	cause. Enter UNDERLYING CAUSE (Disease or Injury			- 4	/Y\			
Ē	that initiated events DUE TO (OR AS A	CONSEQUENCE OF):						
듄	resulting in death) LAST					/		
R						/		
اب	PART II. Other significant conditions contributing to death b	ut not mesuiting in t	the underlying	g cause given in Pa	rt i. 24a, WAS AN	AUTOFSY	24b. WERE AUTOPSY FINDINGS	
					PERFOR	IMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
	IN STOUCH	S Y CALL OF THE PERFORMENT						
	A CVA C	Ampo	of *	e.	_ 1 🗀 YES 2	MO	OF DEATH?	
	A CVA C	Ding	n to	Bran	_ 1 🗀 YES 2	. ₽MQ	OF DEATH?	
MEDICA	HO CVA C	i Pom	n to	Bran	_ 1 🗇 YES 2	. DHO		
MEDICA	25. WAS CASE REFERRED DO MEDICAL	i Pin	20. PI	Ban-	-			
MEDICA	25. WAS CASE REFERRED DU MEDICAL EXAMINER? HOSPITAL:		THER:		only one)	2 046		
MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 E NO 1 Inpettent 2 (Exervoute	atient 3 DOA 4	THER:	ne 5 🗆 Rasidence 6	only one) Other (Specify)		1 YES 2 KO	
MEDICA	25. WAS CASE REFERRED DE MEDICAL EXAMINER? 1 YES 2 NO		THER: Nursing Horr F 28c. INJ	ne 5 🗆 Rasidence 6	only one)		1 YES 2 KO	
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 100 1 Inputant 2 (LER/Outp (Month, Day, Year)	atient 3 DOA 4	THER: Nursing Hom PF 28c. INJ Y	ne 5 🗆 Rasidence 6 l	only one) Other (Specify)		1 YES 2 KO	
BY PHYSICIAN: MEDICA	25. WAS CASE REFERRED DE MEDICAL EXAMINER? 1 YES 2 NO	26b. TIME 0 INJUR At home, farm, stre	THER: Nursing Hom PF 28c, INJ Y WC 1	JURY AT 2 HK? YES 2 NO	only one) Other (Specify) 8d. DESCRIBE HOW	INJURY OCCURED	1 YES 2 NO	
BY PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 1 Inpetiant 2 ERVOUTS 27. MANNER OF DEATH 1 Mitural 5 Pending Investigation 2 Accident A	26b. TIME 0 INJUR At home, farm, stre	THER: Nursing Hom PF 28c, INJ Y WC 1	JURY AT 2 PRES 2 NO	only one) Other (Specify) Bd. DESCRIBE HOW	INJURY OCCURED	1 YES 2 NO	
BY PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	26b. TIME 0 INJUR At home, farm, stre	THER: Nursing Hom PF 28c, INJ Y WC 1	JURY AT 2 PRES 2 NO	only one) Other (Specify) 8d. DESCRIBE HOW	INJURY OCCURED	1 YES 2 NO	
BY PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1	26b. TIME 0 INJUR At home, farm, stre-	OF 28c. INJ WC 1	JURY AT 2 NO 2 PAGE 1	only one) Other (Specify) 8d. DESCRIBE HOW (City or Town, State)	and Number or Ru	1 YES 2 NO	
BY PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1	26b. TIME 0 INJUR At home, farm, streify)	THER: Nursing Hom NF 28c, IN, YM 1 et, factory, object at the time, data	JURY AT 2 NO 2 Passidence 6 SING Passidence 6 SI	only one) Other (Specify) 8d. DESCRIBE HOW I City or Town, State, the cause(a) and ma	and Number or Ru	1 YES 2 KD	
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	26b. TIME 0 INJUR At home, farm, streify)	THER: Nursing Hom NF 28c, IN, YM 1 et, factory, object at the time, data	JURY AT 2 2 NO 2 2 NO 2 2 NO 2 NO 2 NO 2 NO 2	only one) Other (Specify) Bd. DESCRIBE HOW City or Town, State the cause(a) and mane, data and place, as	and Number or Ru nner as stated, nd dua to the cau	1 YES 2 NO	
E COMPLETED BY PHYSICIAN: MEDICA	25. WAS CASE REFERRED DO MEDICAL EXAMINER? 1 YES 2 10 1 Inpatiant 2 (Derivout) 27. MANNER OF DEATH 1 Mitural 5 Pending Investigation 2 Accident Accident Suicide Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my known of the could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my known of the could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my known of the could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my known of the could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my known of the could not be determined	26b. TIME 0 INJUR At home, farm, streify)	THER: Nursing Hom NF 28c, IN, YM 1 et, factory, object at the time, data	JURY AT 2 NO 2 Passidence 6 SING Passidence 6 SI	only one) Other (Specify) Bd. DESCRIBE HOW City or Town, State the cause(a) and mane, data and place, as	and Number or Ru nner as stated, nd dua to the cau	1 YES 2 KD	
COMPLETED BY PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	26b. TIME 0 INJUR At home, farm, streify)	THER: Nursing Hom NF 28c, IN, YM 1 et, factory, object at the time, data	JURY AT 2 2 NO 2 2 NO 2 2 NO 2 NO 2 NO 2 NO 2	only one) Other (Specify) Bd. DESCRIBE HOW City or Town, State the cause(a) and mane, data and place, as	and Number or Ru nner as stated, nd dua to the cau	1 YES 2 NO	

32. REGISTRAR'S SIGNATURE

- Randell

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-	ME	SE D	23
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retirined by Investig	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be obtained by the funeral director, page 5 should be obtained by the funeral directors.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be nettlied at once
E	N	fical	3 =
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTA	L HYGIEN	E		14010	
1	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATN			TIME OF DEATH	
	Rodney Mau:	rice Collins	Sr.			May		1990	AR)	7:28 PM. M	
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (In yrs. I	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE	OF BIRTH	8.1	URTHPLA	CE (State or Foreign	
	216-56-0646	RM2□F 41	YRS.	ONTHS DAYS	HOURS MIN.		1, Day, Year)		ountry)	and	
	9e. FACILITY NAME (If not institution, give street	and number)	9	Db. CITY, TOWN O	R LOCATION OF O		24 40	9c. COUNTY			
DIRECTOR	Rt. 3, Box 453,	Easton		East	ton	Talbot					
EC.	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10	I, INSIDE CITY LIMITS?	
ā	Maryland Talk	oot	Eas	ston					1 [YES 2 NO	
AL	10e. STREET AND NUMBER				ZIP CODE			10g. CITIZEN	OF WHA	COUNTRY?	
E	Route 5, Box 93	3			21601			υ.	S.A	•	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yee or No—							or No- 14.	RACE -	American Indian, hite, etc.		
Toe, STREET AND NUMBER ROUTE 5, BOX 93 10. MARITAL STATUS 1 Never Married 2 Merried 10. Wind Divorced 10. ZIP CODE 2 16 0 1 U 11. MARITAL STATUS 1 Never Married 2 Merried 12. Wind Decedent Ever in U.S. ARMED FORCES? 1 Yes 2 NO IF YES, GIVE WAR OR DATES 13. Wind Decembert of Nispanic Origin? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 No Specify:								Specify:			
				<u> </u>					whi	te	
Ë	15. DECEDENT'S EDUCATI (Specify only highest grade com	ON 16a, I	DECEDENT'S US (Give kind of wor	SUAL OCCUPATION rk done during most retired.)	N st of working	16b	KIND OF BU	SINESS/INDUST	RY		
Ë		ollege (1-4 or 5+)	#fe. Do NOT use	retired.)		- 1					
를	12		farmer	-				ultur	e		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA		mer. See				
BE	Maurice Edward					*****	rskin				
0	19e. INFORMANT'S NAME (Type/Print)	1			nd Number or Rural						
	Rodney M. Colli				borough					21601	
	20s. METHOD OF DISPOSITION 5/17 1 Description 2 Cremetion 3 Removal	from State 20b. PLAC	DE OF DISPOSIT place)	TION (Name of cen	netury, crematory or			CATION — City		State	
	4 Donetion 5 Other (Specify)		ing Hi		metery		Ea	ston,	MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE			nam Fur		l Hom	P			
	JOHN R.	MERCET	405		ton, Ma						
	23. PART i. Enter the diseases, Dr com	plications that caused tha	daath. Do no					ratory srrest		Approximate	
	shock, or heart failure. List IMMEDIATE CAUSE (Final	only bna cause on each ii	ne.	1) 0	,					Onset and Death	
i	disease or condition - s. Chronic alcoholes.										
	DUE TO (OR AS A CONSEQUENCE OF):										
z	b	equentially list conditions,									
CERTIFICATION	if any, leading to immediate	DUE TO (OR AS A CONS	BEOUENCE OF):								
2	causa. Entar UNDERLYING CAUSE (Diseasa or injury										
빌	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SECUENCE OF):								
5	d										
1	PART II. Other significant conditions c	ontributing to death but no	t resulting in	the underlying	cause given in	Part i.	24a, WAS AN			RE AUTOPSY FINDINGS	
							1 TYES		CC	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
								X		YES 2 NO	
2											
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C	heck only o	ne)				
Sic	**	OSPITAL: Inpatient 2 ER/Outpatient		OTHER: United States OTHER:	e XXResidence	6 🗆 Othe	er (Specify)				
到	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI		URY AT	28d. DE	SCRIBE HOW	NJURY OCCUR	ED		
ВУБ	1 X Natural 5 Pending 2 Accident Investigation	(Morall, Day, You)	,,,,,,	M 1 🗆 1							
	3 Suicide 8 Could not be	28s. PLACE OF INJURY — At building, etc. (Specify)	home, farm, str	reet, factory, offic	•	28f. LOC	ATION (Street or Town, State	and Number or I	Rural Rout	e Number,	
	4 Nomicide determined	, , , , , , , , , , , , , , , , , , , ,					or 10m1, 01010,				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the beat of my knowledge,	death occurred	at the Ilme, date	and place, and du	e to the ce	use(e) and ma	nner as stated.			
8	anal	On the beels of examination end/	or investigation,	, in my opinion, d	leath occured at th	e time, date	and place, a	nd due to the co	nise(e) sc	nd manner as stated.	
	29b. SIGNATURE AND THE OF CERTIFIER	~			29c, LICENSE NU	JMBER		29d, DATE SI	GNED (M	orith, Day, Year)	
BE	2)(12: K			7724	F>0	9	15	115	190	
임	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (I	TEM 27) (Type, F	Print)	10	/ (6			13		
	L. Thomas Divilio	M.D. 404	Marvel	Court,	Easto	n, Ma	1. 21	501			
	31. DATE FILED (Month, Dev. Year) MAY 16 90	32. REGISTRAR'S SIGNATURE		_		,	1			•	
	MAY TO 30	gulia Secretion	-Nonana								

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Marches Williams

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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the hospit	detached	X	once.
retained by	5 should be		notified a
6 тау be	ctor, page		must be r
eath. Page	funeral dire		xaminer r
ours after d	In by the	or removal.	nedical e
withln 24 h	pletely filled	cremation, o	ent, the r
e executed	an and com	to burial,	umatic ev
sertificate b	ing physicia	vglene prior	other tra
the death of	the attend	d Mental H	injury, or
quires that	n signed by	Health an	ows any
The law re-	te has been	ate Dept. or	em 23 sh
HYSICIAN:	his certifica	with the St	ked, or it
TENDING F	TOR: After 1	after death	28 is mar
TAL DR A	RAL DIREC	72 hours	: If Item
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as to	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIR				
1. DECEDENT'S NAME (First, Middle, Last)		02		<i>D D D D D D D D D D</i>	2. DATE OF DEATH MONTH		3. TIME OF DEATH		
LUIZ PAU					MAY 16	, 1990	2:15PM M		
4, SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I	MOI	NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1941	BIRTHPLACE (State or Foreign Country) Brazil		
212-02-2067 9a. FACILITY NAME (If not institution, give a			CITY, TOWN C	OR LOCATION OF DE	Nov. 11,		Y OF DEATH		
13424 DOWLAIS		CKVILLE			IGOMERY				
RESIDENCE OF DECEDENT 100, STATE 10b, COUNT	DWN OR LOCAT	and a			10d. INSIDE CITY				
Maryland Mont	/ille	ION			LIMITS?				
10e. STREET AND NUMBER	ganery	110011		. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
13424 Dowlais Drive			Braz	il					
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	U.S. ARMED 2 X NO NTES	If yes, sp	ENDENT OF HISPAI scify Cuben, Maxica 2 NO Specifi	Yee or No— 1	No— 14. RACE — American indien, Black, White, etc. Specify: White				
15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USU (Give kind of work			STRY				
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use re	tired.)	st or working					
	5+	Journalist	-			alism			
17. FATHER'S NAME (First, Middle, Last) Benedicto Paulo Qu	nho			18. MOTHER'S NAME (First, Middle, Malden Surmame) Luisiza Marchezani Ounha					
19a. INFORMANT'S NAME (Type/Print)	I I d	19b. MAILING AD	DRESS (Street a		Route Number, City or		code)		
Maria Olyimpia DaCo	sta	13424 Da	owlais D	rive					
20a. METHOD OF DISPOSITION 1	20b	other place)					ty or Town, State Maryland		
21. SIGNATURE OF FUNERAL SEJIVICE LI	CENSEE	/	22. NAME A	D ADDRESS OF FA	CILITY				
ld ld Chambons	MMM90		W.W.	Chambers	Co., Inc., Maryland 2	12051 - B	Tech Road		
23. PART I. Enter the disesses, pr	complications that caused						st, Approximate		
IMMEDIATE CAUSE (Final	List pnly one cause on e	oiratory Fail	1 1190	1			Interval Between Onset and Death		
disease or condition resulting in death)		CONSEQUENCE OF):	Fa	Lura			4 wont		
	D 1		. 5				115. 1		
Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):	1 0	mpy	Ema		17 man m		
cause. Enter UNDERLYING CAUSE (Disease or Injury	· Chron	ic hy	mach	Devto	L her	hem	in 10 years		
that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF)!	γ				,		
	d								
PART II. Other significant condition	ns contributing to death b	ut not resulting in t	tha underlyin	g cause given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
					1 YES	3 2 NO	COMPLETION OF CAUSE OF DEATH?		
					_		1 - YES 2 - NO		
25. WAS CASE REFERRED TO MEDICAL			26 0	LACE OF OEATH (C)	reak anti-anal				
EXAMINER?	HOSPITAL:		THER:		8 Other (Specify)				
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O		URY AT	26d. DESCRIBE HO	W INJURY OCCU	JRED		
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		YES 2 NO					
3 Suicide 8 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my know	ledge, death occurred a	nt the time, date	and place, and du	to the cause(e) end	menner ee state	d.		
one)	ER: On the basis of examination	n and/or investigation, i	in my opinion, o	leath occured at the	time, date end place	, end due to the	cause(e) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIE	m 57)/	/		29c. LICENSE NU	MBER		SIGNED (Month, Day, Year)		
[Whan from 1014605 5-17-90							-17-90		
30/NAME AND ADDRESS OF PERSON W	16.	4830		יז זאן ווין	MACH D	C			
31. DATE FILED (Month, Day, Year)	RWITZ M.D. 32. REGISTRAR'S SIGN		V D	T. N.W.	WASH. D.				
MAY 1 x 'QO	Ausia Nous	Anna Brandade	2						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2. 3 about be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	A
. 0	DECEDENT'S NAME (First, Middle, Last)		Γ
	Gerald H Cat	lin	ı

	FOR STATE REGISTRAR	STATE OF MA			TMENT				ENTA	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Gerald H. Ca	-1:n							MONT		A	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER									10y 14	1	990	10-14, M	
	220-34-4491	5. SEX	6. AGE (In yrs. Ins. 90	t birthday) YRS.	IF UNDER 1	DAYS	IF UNDER	Acres	(Mon	E OF ®IRTH th, Day, Year) t. 18,1	899	Count	PLACE (State or Foreign ry) hington D.C.	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, 1	TOWN O	R LOCATI	ON OF DEA		. 10,1		NTY OF D		
5	Holy Cross Hosp.	ital			Silver Spring Montgome						mery			
5	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY				c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
DIRECTOR	all the contract of the contra	ntqomerv		Takoma Park									LIMITS?	
_	10e. STREET AND NUMBER				. WILOIM		ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?	
UNERAL	315 Philadelphia	a Avenue				-	209	912			Uni	ited	States	
5	11. MARITAL STATUS	12. WAS DECEDENT								IN? (Specify Yes	or No-	14. RACI	E — American Indian, k, White, etc.	
1 Never Married 2 Married FORCES? 1 YES 2 NO Widowed 4 Divorced FORCES? 1 YES 2 NO II YES a specify Cuban, Mexican, Puerto Rican, atc.) 1 Yes a specify Cuban, Mexican, Puerto Rican, atc.) 1 Yes 2 NO Specify:								Spec						
2	15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL OC	CUPATIO	N		16	b. KIND OF BUS	INESS/ING	DUSTRY	200	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		Ne kind of a	work done du se retired.)	iring mo	at of working	ng						
COMPLE	12	4	1	lergy	man					Episcop	al (Church		
5	17. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NAM	E (First,	Middle, Maiden S	Surname)			
100	Lewellyn Catlin						_			Dickso				
5	19a. INFORMANT'S NAME (Type/Print)									mber, City or Town				
	Marjorie L. Nef.	<u> </u>	20b. PLACE						e T	- v			yland 20912	
	1 XBuriel 2 Cremation 3 Rem	oval from State	other pli	ece)	Chur		_						Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE						- min	пллВ					
	> 11/11- ETS	out	MOO	672			ons:	in Av	enu	e, Beti	nesda	A, TMS	rey Funeral Gryland	
AN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	IMEDIATE CAUSE (Finel sease or condition sulting in death) DUE TO (OR AS A CONSEQUENCE OF):							interval Between Onset and Death // M. O. Ly M.O. Ly M.O. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YOU	HOSPITAL:			OTHER	:		DEATH (Chec					j	
Ë	27. MANNER OF DEATH	1 Inpatient 2 28a. DATE OF	INJURY	28b. TIN	E OF	28c. INJ	URY AT			her (Specify) EȘCRIBE HOW II	NJURY OC	CURED		
	1 Natural 5 Pending investigation	(Month, Da	y, Year)	IN.	JURY		PIC? (ES 2 [□ NO						
20s DI ACE OF IN HIRDY At home few shoot feebras office 20s I CONTON (Court and Number or Durch Courts Number							Route Number,							
COMPLETED	29a. CERTIFIER (Check only one) 2 Image: MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.								s) and manner as stated.					
TO BE	29b. SJØRATURE AND TITLE OF CENTIFIE 30. NAME AND ADDRESS OF PERSON W	A SASAL HO COMPLETED CAUS	E OF BEATH (ITE	4 D 27) (5pp	s, Print)		29c. LIC	DO.	87	73	29d. DA	TE SIGNE	(Month, Day, Year)	
	345 University 31. DATE FILE MYCH. POX. POR DO	Blod, W.		Spr	ing ,	M	d	Ra	zyn	rond 1	Bri	ads	haw, MD.	
	MAT 1 / 90	Grilia	Davidson	Rande	00_								DHMH. 18 Rev. 1/99	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages is filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - FOR STATE REGISTRAR	TATE OF MARYLA	AND / DEPARTM			MENTAL HYG		30 14070		
	1. DECEDENT'S NAME (First, Middle, Last)	hilip				2. DATE OF DEA	TN DAY	YEAR 3. TIME OF DEATN		
			Cas	UNDER 1 YEAR	IF UNDER 24 HRS.	May 18		9:50 A. M		
	578-18-6017 X	M 2 🗆 F 87	YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Ye 4/30/	03 1	Phillipines		
HOL	9a. FACILITY NAME (If not institution, give street a 6406 Elliott Wa RESIDENCE OF DECEDENT		1.2		SVILLE,	ATN	100 1000	ce Georges		
DIRECTOR	10a. STATE 10b. COUNTY	a Coommo	1.5	OWN OR LOCAT				10d. INSIDE CITY LIMITS?		
	Maryland Princ 10. STREET AND NUMBER	e George	s Hyat	tsvil	ZIP CODE		10g. CITIZI	1 X YES 2 NO EN OF WHAT COUNTRY?		
FUNERAL	6406 Elliott Way				20783			S A		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, sp	ENDENT OF NISPANI ecify Cuban, Mexican 2 NO Specify:	c.)	14. RACE — American Indian, Black, White, etc. Fightipino			
	15, DECEDENT'S EDUCATIO (Specify only highest grade comp	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of wor				16b, KIND C	F BUSINESS/INDU	USINESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12) Co	oliege (1-4 or 5+)	ilie. Do NOT use retired.) Bus Boy			Metr	opolita	an Club		
S	17. FATNER'S NAME (First, Middle, Last)		-		16. MOTNER'S NAM		_			
BE C	Not available				Not av	ailabl	e	1.64754		
10 8	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural R					
F	Mona Fontanilla		708 So	merse	t Place	, Hyat	tsville	, Md. 20783		
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Removal 1 Donation 5 Other (Specify)	from Stata	other place) Ft. Lin		netery, cremetory or		Brentwo	ood, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	erney Co	rneel	22. NAME A	ID ADDRESS OF FAC	TAK		NERAL HOME		
_	KENDALL BURN							Wash DC20012		
	23. PART I. Enter the diseases, or compandock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	only one cause on e	ach line.					Approximate interval Between Onset and Death		
	Sequentially list conditions. Congestive Heart Failure Sequentially list conditions. Congestive Heart Failure Sequentially list conditions. Congestive Car diamyopathy 3 year									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING									
RTIFIC	CAUSE (Disease or Injury that initiated eventa reaulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
	- a						William Indexes	1		
DICAL	PART II. Other algnificant conditions co	er aignificant conditiona contributing to death but not resulting in the underlying cause given in Part i.						24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
: MEDIC						_	•	1 TES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)		_		
SIC		OSPITAL:		THER:	ne 5 🗆 Rasidenca		(v)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c, IN.	JURY AT	28d. OE\$CRIBE HOW INJURY OCCUREO				
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(MORUI, Day, Isar)	INJUN		YES 2 NO	□ но				
	2 Accident 3 Suicide									
COMPLETED	(Orioth Oriny	Y: To the best of my know						ed. e cause(a) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Berend	mo		29c. LICENSE NUM	48 7	29d. DATE	SIGNED (Morth, Day, Year)		
9	30. NAME AND ADDRESS OF PERSON WHO CO		EATN (ITEM 27) (Type, Pr	int) Es	DZO Uezo T	Park 1	ud z	0740		
	31. DATE FILED (MONTH, Day, Year)	32. REGISTRAR'S SIGN			July	overy "				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be executed w	ian and comp	aumatic eve
s that the death certificate b	ned by the attending physicilith and Mental Hygiene prior	any injury, or other tra
3 PHYSICIAN: The law required	ir this certificate has been significant by with the State Dept. of Hea	arked, or Item 23 shows
TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is mi

	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT ICATE				MENTA	L HYGIEN REG. NO	E	50	1 7	, , ,
	1. DECEDENT'S NAME (First, Middle, Last)	Peter	D. Co	omano	luras				MONT	of DEATH	 1990	YEAR	3. TIME OF DE	P M
	4. SOCIAL SECURITY NUMBER 015-18-3182	5. SEX 8. 1 [X] M 2 F	AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont	7. DATE OF BIRTN (Month, Day, Ybar) Sept. 25, 1908 Massachi)	
1	9a. FACILITY NAME (If not institution, give str	set end number)			9b. CITY,	TOWN C	R LOCATI	ON OF DE		• 27, -		NTY OF DE		UUS
TOR	3511 Forest Edge	Drive, #G	-1		Silver Spring			Montgom			ery			
3511 Forest Edge Drive, #G-1 Silver Sp RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION Maryland Montgomery Silver Spring						ION						10d. INSIDE C	TY	
	Maryland Montg	omery	Silver Spring						LIMITS?					
FUNERAL	3511 Forest Edge Drive, #G-1					101	. ZIP COD		0906		1		HAT COUNTRY States	
3	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARI	MED	13. V	WAS DEC	ENDENT (N? (Specify Yes	4	14. RACE	— American Ir	
ВУ	1 Never Married 2 XXMerried 3 Wildowed 4 Divorced	FORCES? 1 ☐ YES 2 XNO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF NISPANIC ORIGIN 19 yes, specify Cuben, Mexicen, Pueric 1 YES 2 XNO Specify:				Alcen, etc.)		Specify	White, etc. White		
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						DUSTRY							
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 8 +)	1	hysi						Medi	cine			
SON	17. FATNER'S NAME (First, Middle, 'earl					-	16. MOT	NER'S NA	ME (First,	Middle, Maiden	Sumame)			
BE (Diacoumis Coumo	undoureas							agou					
10	19a. INFORMANT'S NAME (Type/Print) Sofia Comanduras									ober, City or Tow G-1, S				0906 D
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPO					- 7			City or Tow		
	1 Buriel 2X Cremetion 3 Remo	val from State	Subul	rban	Crem	ato	ry						g, Mar	yland
	21. SIGNATURE OF FUNERAL SERVICE LICE	B. Clas	MOC	0827	Ra	ipp !	Fune:	ral	Serv	ices,	P. A.		MD 209	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, approximate shock, or heart failure. List only one cause on each line.													
										Onset a	2.4			
	in dataly	DUE TO (O	R AS A CONSEC	OUENCE O	F):									
MILON	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSEC	DUENCE O	F):									
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	OUE TO (O	R AS A CONSEC	QUENCE O	F):									
Ä	resoluting in death) Exst	·												
4	PART II. Other algnificant conditions	contributing to de	eath but not r	eaulting	in the un	derlyln	g cause	given in	Part I.	24a. WAS AN PERFO	RMED?	24b.	WERE AUTOPS' AMALABLE PRICOMPLETION O	OF TO
PHYSICIAN: MEDICA											W.		OF DEATH?	Х но
ä														
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	₹:			eck only o					
ΗYS	1 YES 2 X NO	1 Inpatient 2 E						esidence		er (Specify)	IN RIBY OC	CUBED		
M 1 YES 2 NO 2 Accident 3 Sulcide 8 Could not be determined 4 Homicide 4 Homicide 2 Accident 3 Sulcide 8 Could not be determined 4 Homicide 28e. PLACE OF INJURY — At home, ferm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Numb City or Town, State)														
								oute Number,						
COMPLET	29a. CERTIFIER (Check only one) 1 X CERTIFYING PNYSIC DISCOURS 1 MEDICAL EXAMINES												and manner e	e stated.
BE	HADES -	Chus	Logs	4	M.	D.		ENSE NU					(Month, Day, Ye	
10	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CALISE	OF DISTRIBUTE	4 270 (3/	(Defect)		_					9	, ,,,	

3301 New Mexico Ave, NW, #232, Washington,

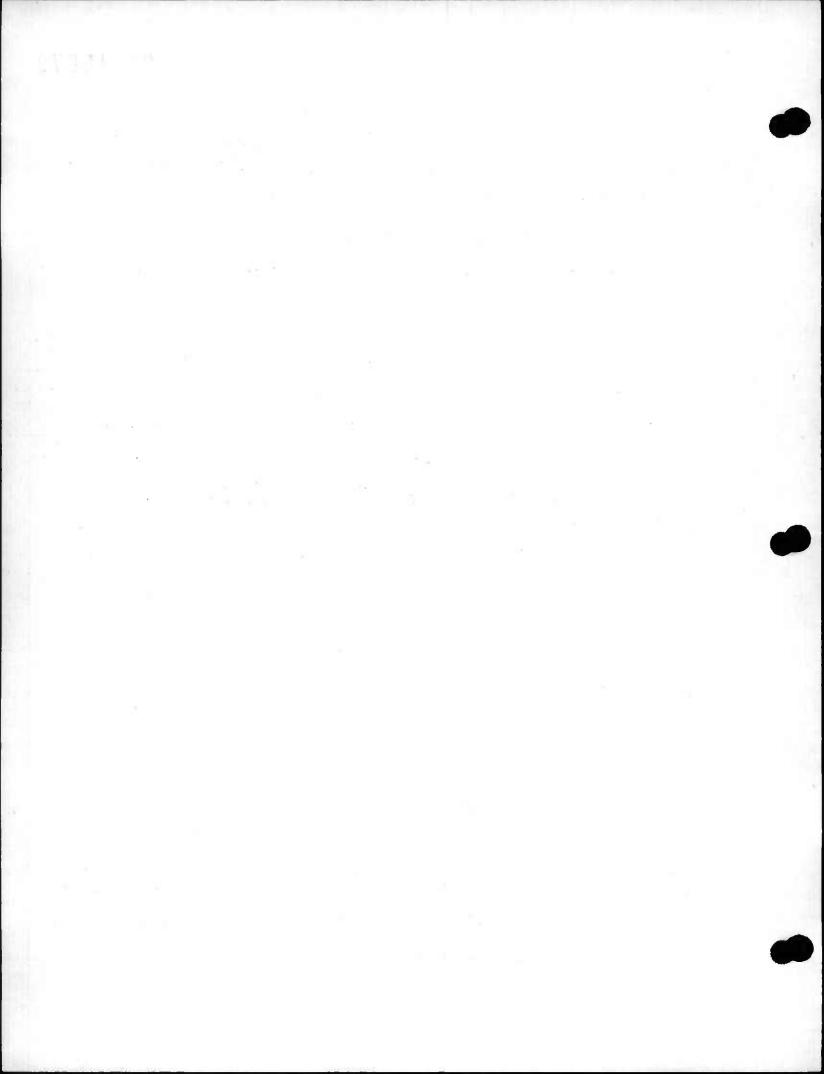


Nicholas

Christopher,

M.D.

32. REGISTRAR'S SIGNATURE
GUNA Davidor Randole.



BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE UF MAI			OF DEAT		ENIAL HYGIE REG. N					
- [1. DECEDENT'S NAME (First, Middle, Lest)					2	DATE OF DEATH	DAY	YEAR	3. TIME OF DEA	TN	
	JAMES FRA	NCIS	CHRISMON	ID .			MAY 20,	[~] 1990	0	9:10 P	М м	
			AGE (In yrs. last birthday)	MONTHS E	YEAR IF UNDER 2	MIN.	7. DATE OF BIRTN (Month, Day, Year)		Count		oreign	
	370 10 1172	X M 2 D F	83 YRS.	JULY 12,190								
œ	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH			
5	REGENCY NURSING HOM	<u>it</u>		FUKE.	STVILLE			PK.	PRINCE GEORGE'S			
DIRECTOR	10a. STATE 10b. COUNTY		11000	TY, TOWN OR						10d. INSIDE CIT LIMITS?	Υ	
	MARYLAND CHARLE	<u>.S</u>	NDIAN HEAD					1 TYES 2 X NO				
RAI					101. ZIP CODE 20640	`		10g. CI	TIZEN OF	WHAT COUNTRY?		
TOO. STREET AND NUMBER #3 CYPRESS PLACE 11. MARITAL STATUS 1 Never Marriad 2 M Marriad PORCES? 1 YES 2 (NO II)							ORIGIN? (Specify)	es or No-	14. RAC	E — American Ind	lan,	
8	1 Never Married 2 M Married 3 Widowed 4 Divorced	YES 2 X NO OR DATES		es, specify Cuban, YES 2 NO		Puerto Rican, etc.)		Spec	city: WHITE			
딢	15. DECEDENT'S EDUCATI (Specify only highest grade con	ON spleted)	18a. DECEDENT'S	work done du	UPATION ing most of working		16b. KIND OF B	USINESS/II	NDUSTRY			
LE	6TH GRADE	College (1-4 or 5+)	CDOLINDS				IIC C	OVEDA	IMPAIT			
COMPLETED	17. FATNER'S NAME (First, Middle, Last)		GROUNDS	KEEPEI		FR'S NAME	E (First, Middle, Maid	OVERN Sumama	_			
	JOHN HENRY_CHRISMO	ND					MARTHA C					
) BE	19a. INFORMANT'S NAME (Type/Print)	III	19b. MAILIN	G ADDRESS (-	ute Number, City or T		Zip Code)			
5	JAMES W. CHRISMOND	4 5	1531	WEYBU	RN ROAD,	BAL	TIMORE,	MARYL	AND	21237		
	20a, METNOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal	from State	20b. PLACE OF DISPO			itory or		OCATION -				
	4 Donation 5 Other (Specify)	SEP A A	FORT LINC		METERY ME AND ADDRESS	S OF FACIL			_	MARYLAN		
	· Well KB	oller	1				וחב חני			RAL HOME 20604-	,	
	P.O. BOX 156, WALDORF, MARYLAND 20604-01 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory strest, shock, or heart fellure. List only one cause or each line. Approximate interval Betw.										nste	
	shock, or heart feliure. List only one cause or heach line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. Aciute Cardio-Palmonary Arrest 2 miss.										d Deeth	
NO	DUE TO (OR AS A CONSEQUENCE OF): Fatal HVV J thin ia 5 mins									ns		
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	AVI	AS A CONSEQUENCE	evat	ii Car	- du	Vasco	Mar	DI	5 30 9	rs.	
IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OI	R AS A CONSEQUENCE							10		
ERT	reaulting in death) LAST											
	PART II. Other aignificant conditions of	ontributing to de	eth but not resulting	in the und	erlying cause g	iven in P	art i. 24a. WAS	AN AUTOPS	Y 24	b. WERE AUTOPSY	FINDINGS	
ICAL	Sub-Acute VI	nvesoli	ving BV	once	copned	imr		ORMED?		AVAILABLE PRIO		
MED	Rhunn				7		,	1		OF DEATH?	NO	
N.	Malignent Bra	in Tumo	r-Just c	na ple	eted Fr	radi	ation Ti	eray	las			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHER:	28. PLACE OF OE	ATH (Chec	k only one)	6				
YSI	1 TYES 2 NO 1	☐ Inpatient 2 ☐ E	R/Outpatient 3 DOA	4 Nursi	ng Nome 5 🗆 Res							
	27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF IN (Month, Day,		ME OF 2	Bc. INJURY AT WORK?		28d. DEŞCRIBE NO	W INJURY C	OCCURED			
ВУ	2 Accident Investigation 3 Suicide & Could not be	28a. PLACE OF	NJURY — Al home, ferm	, street, factor		-	281. LOCATION (Stre	et and Num	ber or Rura	l Route Number,		
TE	4 Homicide 8 Could not be determined	c. (Specify)				City or Town, Sti	ite)					
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:		y knowledge, death occu							ofa) and manner sa	stated.	
	29b, SIGNATURE AND TITLE OF CERTIFIER					NSE NUME				ED (Month, Day, Yea		
BE	RiduAl FAN	sen.	mD		Do	22	37	D	5-	21-9		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	OF DEATH (ITEM 27) (Ty	oe, Print)	120.		- '					
	RICHARD A. FARSON,				AD, FORT	WAS	HINGTON,	MD :	20744	1		
	MAY 2 2 90		S SIGNATURE Day of Bond									

TO BE COME	TO BE COMPLETED BY DHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
B.	be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache.
r death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
DALLIMORE, MARTLAND	DIVISION OF VITAL RECORDS, T.O. BOX 13148,

	FOR STATE REGISTRAR		STATE OF M					EALTH AND I	MENTA	L HYGIEN REG. NO.	E		
į	1. DECEDENT'S NAME (First,	Middle, Last)	EUGENE	(00K	/			2. DATE MONT		Y	YEAR 90	3. TIME OF DEATH 2347 PM
i	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH	-		HPLACE (State or Foreign
	213-28-5600		1 😾 M 2 🗆 F	59	YRS.	MONTHS	This DATS HOURS MIN.					ginia	
_	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY	-	R LOCATION OF DE			9c. CO4	NTY OF D	2 0-
TOR	RESIDENCE OF DECEDENT					W501	4		Dr.	101	moke		
DIRECT	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION					ION	10d. INSIDE CITY LIMITS?				10d. INSIDE CITY LIMITS?		
	Maryland 10e, STREET AND NUMBER	Harfo	rd		Hav.	re d		ACE ZIP CODE			10- 017	ZEN OF	1 ☐ YES 2 🙀 NO WHAT COUNTRY?
HA	2102 Chapel	Rd						1078				S.A.	MINAL COOKINE
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A			WAS DEC	ENDENT OF HISPAN				14. RAC	E — American Indian, k, White, etc.
BY	1 Never Married 2 1 3 Divo		FORCES? 1 IF YES, GIVE W		NO			2 XNO Specify		rican, etc.)		Spec	elfy:
9	16. DEC	EDENT'S EDU		18e. D	ECEDENT'S	USUAL O	CCUPATIO	IN .	188	. KIND OF BUS	SINESS/INC		LE .
	(Specify onl	by highest grade 0-12)	completed) College (1-4 or 5 +	·) #	Give kind of view. Do NOT us	se retired.)	- 1						
COMPL		1	Year	Eng	ginee	ring	Tec	hnician		.S. Go			
_	17. FATHER'S NAME (First, M	ude, Last)	Cool					18. MOTHER'S NA		Madeli Madeli		c	ult.
BE	Lester E		COS		9b. MAILING	ADORES	S (Street a	nd Number or Rural I				_	arc
2	Dorothy R.	Cook			2102	Ch ap	el R	d. Havre	de	Grace,	Md.	2107	8
	20a. METHOD OF DISPOSIT	on 3 🗆 Rem	oval from State	other s	placa)			netery, cremetory or			CATION —		
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FØNERA		ENSEE	Ber	Alr M			Gardens ID ADDRESS OF FA	CILITY TT		Air		
	stys	by (Huy	by				id address of fa Cokesbur					21009 F.H.
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory are shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory are shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory are shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory are shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory are shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease, or complications) that caused the death. Do not enter the mode of dying, such as cardiac or respiretory are shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease) that caused the death. Do not enter the mode of dying, such as cardiac or respiretory are shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease) that caused the death. Do not enter the mode of dying and caused the death. Do not enter the mode of dying and caused the disease or conditions. IMMEDIATE CAUSE (Finel disease) that caused the death of the disease of the disease or conditions. IMMEDIATE CAUSE (Finel disease) that caused the disease or conditions. IMMEDIATE CAUSE (Finel disease) thas caused the disease or conditions. IMMEDIATE CAUSE (Finel dise								Approximate Interval Between Onset and Death / Month / Month					
PHYSICIAN: MEDICAL CE	PART II. Other signification	ant condition	a contributing to	death but not	t reaulting	in the u	ndariyin	g cause given in	Part I.	24a. WAS AN PERFO!	RMED?	240	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
S	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSFITAL:			OTHE		ACE OF DEATH (Ch	eck only a	ne)			
is	1 YES 2 NO		1 inpatient 2		3 DOA	4 🗆 Nu		e 5 🗆 Realdence		er (Specify)	N'Illian oc	CURED	
	1 Netural 5	Pending	(Month, D			JURY	WC	PRK?	200. 00	SOMBE NOW	MJONI OC	CONED	
2 Accident Investigation 3 Suicide 6 Could not be datarmined 4 Homicide datarmined City or Town, State) 28f. LOCATION (Street and Number City or Town, State)							r or Rural	Route Number,					
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								(a) and manner as stated.					
S	1985. SIGNATURE AND TITLE	E OF CERTIFIE	1 ()//	0 0				29c. LICENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
m	Vaymo	nul It	erray la	or h.	M.	0.		0323	19		•	5/1	8 90
2	Raymond	H. Pla	ock JR	MO 7	620	You	MI	y Tou	U5104	MO	21	26	4
	31. DATE PLED Month, Pen	'90	32. REGISTR	DE DISMATURE	andell	-			- - . ·				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 05-17-90 11:35pm STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Elsie L. Coulbourne 90 11.35 Coul bOURNE L515 5 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign (Month, Day, Yber)
May 30,1899 Hurlock MONTHS DAYS HOURS MIN 1 🗌 M 2 🗍 213-14-7830 90 YRS. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Dorchester General Hospital Combridge Dorchester DIRECTOR Pages 1, 2, RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Maryland Dorchester Hurlock 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 632 South Main Street use as the burial-transit 21643 after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: Never Merried 2 Married Specify: BY 3 Widowed 4 Divorced White ETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 165. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Por Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Truck Garden 10 director, page 5 should be detached Farmer once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Eugene Coulbourne Linda Thomas Coulbourne at BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1, Box 94, Rhodesdale, Md 21659 Ruth G. Hurlock 9 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State must 1 Buriel 2 Cremetion 3 4 Donetion 6 Other (Specify) Unity Washington Cemetery Hurlock, Maryland 22. NAME AND ADDRESS OF FACILITY BOX 43, Federalsburg examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE the funeral mich Framptom-Hawkins Funeral Home medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory streat, filled in by Approximate shock, or heert fellure. List only one cause on each line. interval Between 5 **Onset and Death IMMEDIATE CAUSE (Finel** the cremation, diseese or condition_ Pneumonia neumonia completely resulting in death) event, DUE TO JOB AS A CONSEQUENCE OF the attending physician and con Mental Hygiene prior to burial, traumatic CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING requires that the death certificate be CAUSE (Diseese or Injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 6 Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the AMAILABLE PRIOR TO COMPLETION OF CAUSE shows any Munia 1 YES 2 NO OF DEATH? Coronary Artery Diseasel 1 YES 2 NO tours has been s Dept. of H Mellitis/ Cardiac Arrythmia Disease PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) r this certificate h h with the State [HOSPITAL: OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 Residence 6 Other (Specify) 6 26c. INJURY AT WORK?
1 YES 2 NO 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED marked. 1 Natural 5 Pending L DIRECTOR: After the hours after death v BY 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide S Could not be determined 8 28 4 Homicide COMPLET Hem 29e. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. FUNERAL I MPORTANT: II 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(e) end manner as stated. 29d. DATE SIGNEO (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER Tanamn MD 29c. LICENSE NUMBER E. BE 半層 Coursel me 223 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 0 31. DATE FILE MAY 1. 2017 000 90 32. REGISTRAR'S DIGNATURE

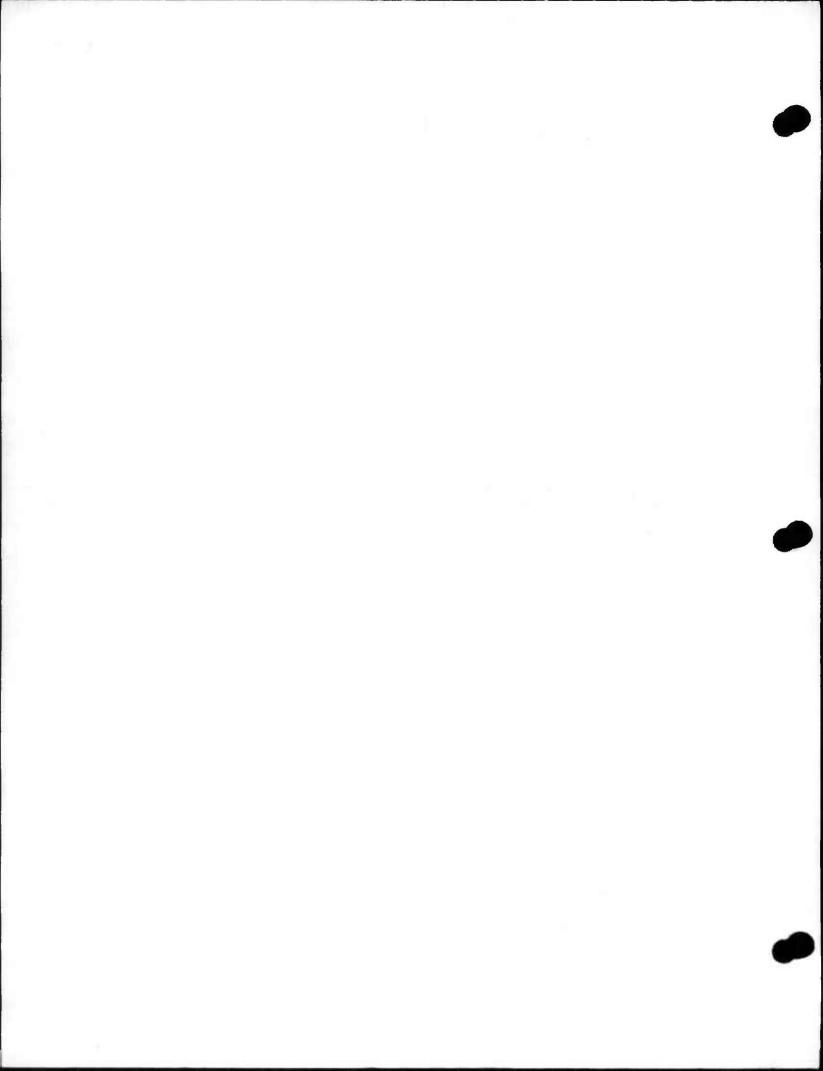
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	CIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	certificate has been signed by the attending physician and completely filled in by the funeral director, page S should be detached for use as the burial-trinial permit. Pages 2.3 most	emation, or removal,	nt, the medical examiner must be notified at once.
DIVISION OF THE CONTROL OF THE CONTR	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

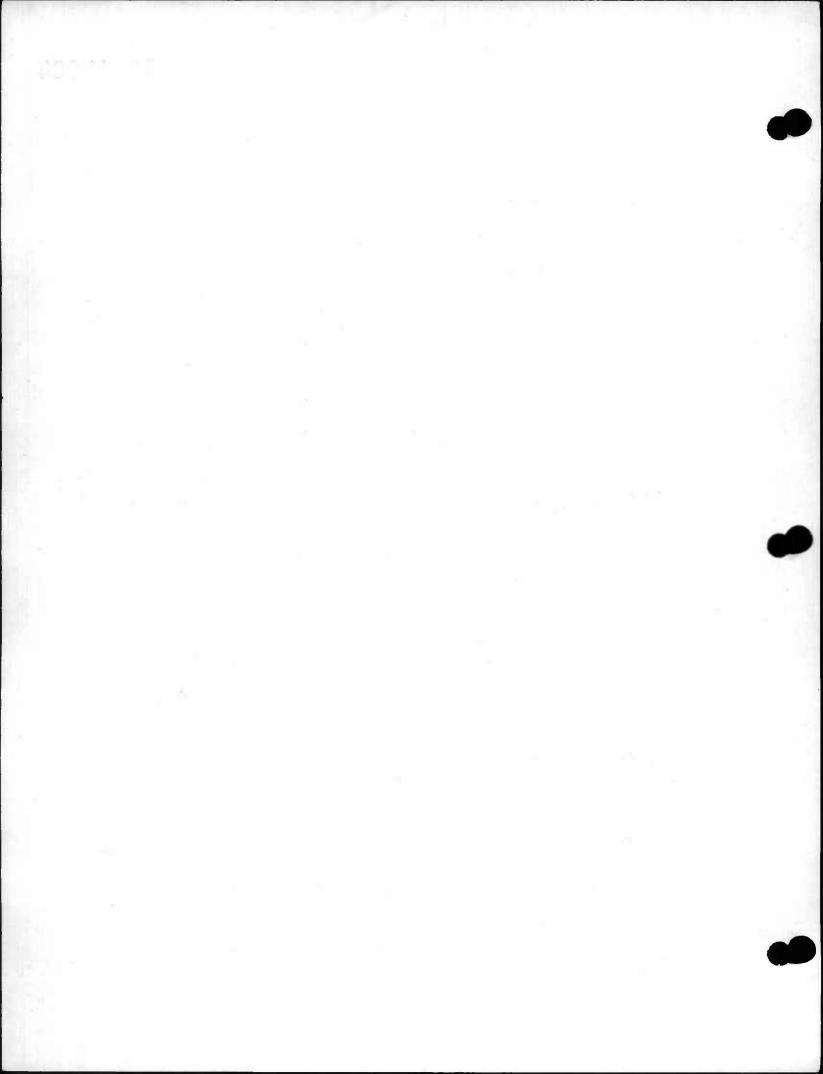
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- 1		250					-	(Month, Day, Y	bar)	8. BIRTHPLACE (State or Fore Country)	ign 1
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ŧ I			U							mont.	
5	RESIDENCE OF DECEDENT			Lee oray						Tank INDIDE OFFI	
E										LIMITS?	
	10a. STREET AND NUMBER	JUMER 1		ISTFA	LK SP		DOE		10g. CITI		
ER	205 LEXINGTON DRIV	VE					20901		ī	JSA	
<u> </u>	11, MARITAL STATUS				13. WAS	DECENDENT	T OF HISPAN	IIC ORIGIN? (Spec	offy Yes or No-	14. RACE — American Indian Black, White, etc.	,
- 118	3 Wildowed 4 Divorced									Specify:	
ا م								16b. KIND (OF BUSINESS/IND		
	Elamentary/Secondary (0-12)	<u> </u>	Mo	Do NOT use	etired.)	y most or wo	rong				
ᇫ	12		HOM	EMAKEI							
	194. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DDRESS (S					Code)	
일	MARGARET E. DOUGLA	ASS (DAUG	HTER)	205 LI	EXING	TON D	RIVE	SILVER	SPRING.	MARYLAND 209	01
	20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ Rem	oval from State			ION (Name	of cemetery, c	rematory or	2	ec. LOCATION —	City or Town, Stata	
	4 Donation 6 Other (Specify)	CHACE	CEDA	R HILI			DECC OF EA		SUITLAND	MARYLAND	
	FRANCIS J. COLLINS FUNERAL HOME, INC.										
-	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximate										
	abock, pr heart failure. List pnly one cause pn each iine.										тееп
	IMMEDIATE CAUSE (Final disease or condition ARTERIUSCLERUTY, CARDIO VASCULAR DISEASO										Duat
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AT	if any, leading to immediata cause. Enter UNDERLYING	502 10	(ON AS A CONSE	OUENCE OF).						Ì	
	CAUSE (Disease or injury that initiated events	CDUE TO	(OR AS A CONSE	OUENCE OF):							
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0	PART ii. Other significant condition	a contributing to	death but not	resulting in	the unde	rlying caus	e given in				
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	EXAMINER?	HOSPITAL:	The section	0 0 000	OTHER:						
ੇ∥	27. MANNER OF DEATH	28a. DATE O	INJURY	28b, TIME	OF 26	c. INJURY AT				CURED	
	1 Natural 5 Pending 2 Accident Investigation	[MORES, E	yay, rear)	INJU			2 ND				
	3 Suicide 6 Could not be			ome, farm, sti	eet, factory	office				r or Rural Route Number,	
111	4 Homeles Seletimise						_				
ᇤ	200 CERTIFIER			eath occurred	at the time	colote and at	non med due	to the cause(a) a	and manner on etc.	ted:	
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E COMPLET	(Check only 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE OF CERTIF	R Of COMPLETED CAL	examination and/or	investigation	, in my opir	29c. I	LICENSE NU	o time, data and pi	29d. DAT	the cause(a) and menner as stored (Month, Dey, Year)	
BE COMPLET	(Check only 2 MEDICAL EXAMINI 29b. SIGNATURE AND TITLE OF CERTIFIE OF CERTIF	R THE BOTH AND COMPLETED CALL GENALD	examination and/or	investigation	, in my opir	29c. I	LICENSE NU	o time, data and pi	29d. DAT	he cause(a) and menner as store (Month, Day, Year)	
	TO BE COMPLETED BY FUNERAL DIRECTOR	1. DECEDENT'S FAME (First, Middle, Last) SUSIE D. 4. SOCIAL SECURITY NUMBER 220-44-9096 9a. FACILITY NAME (If not institution, give st MARYLAND MONTO 10a. STATE 10b. COUNTY MARYLAND MONTO 10a. STREET AND NUMBER 205 LEXINGTON DRIV 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUINAME (Type/Print) MARGARET E. DOUGL. 20a. METHOD OF DISPOSITION 1 Paurial 2 Cremation 3 Rem 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART i. Enter the diseases, Dr of shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation a Suicide 6 Could not be determined determined	SUSIE D. DEYSHER SUSIE D. DE	SUSTED D. DEYSHER 1. DECEDENT'S PAME (First, Middle, Last) SUSTED D. DEYSHER 2. 20-44-9096 9. FACILITY NUMBER 2. 20-44-9096 9. FACILITY NAME (If not institution, give street and sumber) MARYIJAND MONTGOMERY 10. STATT 10b. COUNTY MARYIJAND MONTGOMERY 10. STATT 10b. COUNTY MARYIJAND MONTGOMERY 11. MARITAL STATUS 1 1 Never Married 2 Married 3 Widowed 4 Divorced 1 FYES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elamentary/Secondary (0-12) College (1-4 or 5 +) 12. WAS DECEDENT'S EDUCATION (Specify only highest grade completed) FRANK RESIDES 10a. INFORMANT'S NAME (First, Middle, Last) FRANK RESIDES 10a. INFORMANT'S NAME (Pirst, Middle, Last) FRANK RESIDES 20a. METHOD OF DISPOSITION 10b. INFORMANT'S NAME (Pirst, Middle, Last) 10c. INFORMANT'S NAME (Pirst, Middle, L	Telephone Certific	REGISTRAR 1. DECEDENT'S MAME (First, Middin, Last) S. SEX 4. SOCIAL SECURITY NUMBER 2.0—44—90.96 1	DECEDENTS GAME (First, Middle, Last) SUSIE D. DEYSHER	DECEDENTS AME (PSZ, MAGIN, Last) SUSTE D. DEYSHER S. AGE (Pr. yrs. list bishrow) Elementary Name (PSZ, MAGIN, Last) SUSTE D. DEYSHER S. AGE (Pr. yrs. list bishrow) Elementary Name (PSZ, MAGIN, Last) Sustained Sus	SUSTE D. DEYSHER 4. DOCAL SECURITY HAMBER 2. DOTAL SECURITY HAMBER 4. DOCAL SECURITY HAMBER 5. SEX 2. DOTAL SECURITY HAMBER 4. DOCAL SECURITY HAMBER 5. SEX 2. DOTAL SECURITY HAMBER 6. AGE (Pr. Ye. Inst bishodor) 6. STATE AND DAYS BOOMS BANK. 6. DOCAL SECURITY HAMBER 7. DOCAL SECURITY HAMBER 8. COUNTY 8. STATE AND DAYS BOOMS BANK. 8. COUNTY 9. CITY, TOWN OR LOCATION OF DEATH 9. CITY, TOWN OR LOCATION 9. CI	TOUR CONTROL STAND CONTROL AND STAND	DECEMBER CERTIFICATE OF DEATH REG. NO.



the medical examiner must be notified at once.

5	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, crem	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	8	E .	5
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEN		.,,			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH		3. TIME OF DEATH			
	Mary Domen					May 19		6:20 PM			
4	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	190-26-3016	□ M 2 💢 F 60		ennsylvania							
	9a. FACILITY NAME (If not institution, give alrest and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
OR	Union Memorial	Hospital		Balt	ìmore Ci	ty					
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c. CITY.	TOWN OR LOCAT	ION			10d. INSIDE CITY			
E	Maryland Montg	omery	Do	wood			LIMITS?				
	10e. STREET AND NUMBER	Omery	Dei		. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	7309 Righters Mil	1 Road			20855		Unite	ed States			
5	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN	N U.S. ARMED			IC ORIGIN? (Specify Ye	e or No 14.	RACE — American Indian,			
	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 YES			ecify Cuban, Mexical 2 NO Specify	n, Puarto Rican, etc.)		Black, White, etc. Specify:			
BY				1				White			
E	15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON pleted)	18a. DECEDENT'S US	SUAL OCCUPATION k done during monetired.)	ON st of working	16b. KIND OF BU	JSINESS/INDUST	THY			
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	Matt Vatavuk JOH	N VATAVUK				Hareha	,				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AI	DDRESS (Street a		Route Number, City or To	wn, State, Zip Coo	ie)			
2	Steve R. Domen, Sr	,	7309 F	Righter	s Mill Ro	oad, Derwo	ood, Ma:	ryland 20855			
	20s. METHOD OF DISPOSITION 1 Duris: 2 Commetter 3 Removal	from State	o. PLACE OF DISPOSIT	ION (Name of cer	netery, crematory or	20c. L	OCATION — City	or Town, State			
	4 Donation 5 Other (Specify)	N	Montgomery					Maryland			
	21. SIONATURE OF FUNERAL SERVICE LICENS		400381	22. NAME AT	D a class of FA	FACILITY Robert A. Pumphrey Fune: le, Inc. 300 West Montgome:					
	*Barbara gomer	nullen Har	whence					20850-2805			
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d.										
- 1	PART II. Other algnificant conditions c	ontributing to death t	out not reaulting in	the underlyin	g cause given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS			
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PHYSICIAN: MEDIC				1			7	1 YES 2 NO			
ž											
N S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			LACE OF OEATH (Ch	eck only one)					
VSIC	1 VES 2 NO	Inpatient 2 ER/Out		OTHER:	ne 5 🗆 Realdence	6 ☐ Other (Specify)					
F	27. MANNER OF DEATH 1 Netural 8 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY WC	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUR	ED			
BY	2 Accident Investigation			M 1 🗆							
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, strictly)	eet, factory, offic	**	28f. LOCATION (Stree City or Town, State		Rural Route Number,			
Sea. CERTIFIER (Check only one) 2 MEDICAL EXAMINED on the beside of examination and/or investigation, in my opinion, death occurred at the time, date and place, and the time, date and the time, date and place, and the time, date and the time, date and the time, date and the time, date and the time, date and the time, date and the time, date and the time, date and the time, date and the time,								nune(s) and menner as stated.			
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TO BE	"Tithail So	della.	mi)	Not Ava	ilable	▶ 5	119/90			
	30. NAME AND ADDRESS OF PERSON WHO C Michael Soderl	ing M	3 834	(Edno	r Rd	Baltimor	e Ma	21218			
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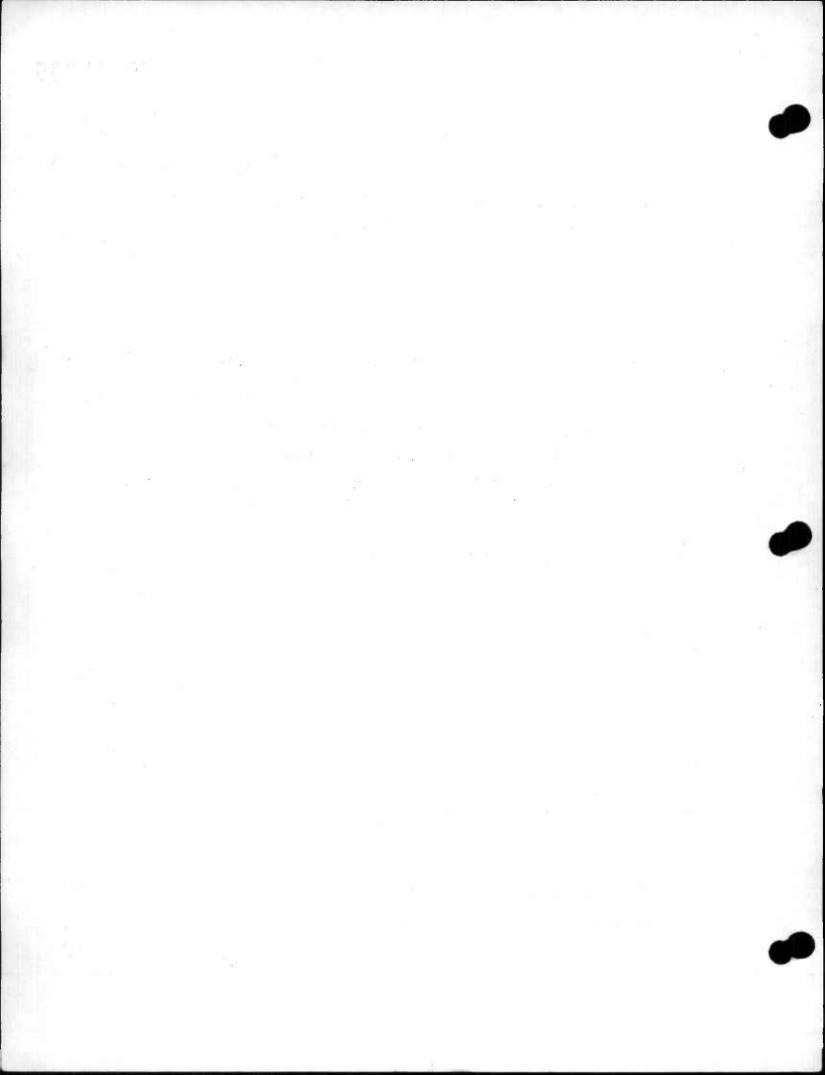
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 neurs after death. Page 6 may be retained by the hi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	issupprair. If he moded on been 22 shows our injury or other framenish the modified available must be notified of ones
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	1 - STATE REGISTRAR	STATE OF MARYL		ICATE OF			G. NO.					
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	Haywood	Dors	ett			Ma y	14.	199	0 12	2:31 a. M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BI (Month, Day		0.	BIRTHPLA	CE (State or Foreign		
1	250-40-4134	1 M 2 F	61 YRS.	MONTHS DAYS	HOURS MIN.	Sep 2	6, 19	928		h Carolin		
12.	9a. FACILITY NAME (If not institution, give s	treet end number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH		9c. COUNTY	OF DEATH	1		
O.	Washington Adver	tist Hospita	1	Tako	ma Park,			Mont	gomer	У		
DIRECTOR	10a. STATE 10b. COUNT		10c. Ci	ry, town on Loc Vashingt				- 35	LINSIDE CITY LIMITS? YES 2 NO			
A L	10e. STREET AND NUMBER 10f. ZIP CODE								10g. CITIZEN OF WHAT COUNTY			
ER	1931 Hamlin Street, N. E. 20018							U.S.				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I		13. WAS D	ECENDENT OF HISPAN	ENDENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RACE — Am Black, White						
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	15. DECEDENT'S EDU	Korean Con		USUAL OCCUPA	Plan	an was	05 811011		704	BIACK		
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OM	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA							
E E	Unk				Etta	Mae D	orset	t				
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	t and Number or Rural i	Route Number, Ci	ity or Town,	State, Zip Co	rde)			
2	Etta Lyles											
	20q. METHOD OF DISPOSITION 1 XBurial 2 Cremetion 3 Ram	oval from State	other place!		cometery, crematory or			ATION - CIT				
	4 Donation 6 Other (Specify) Harmony Memorial Park Landover, Md. 21. SIGNATURE OF EUHEPAL BETWICE LICENSEE 22. NAME AND ADDRESS OF FACILITY R. N. Horton Co. Morticians, Inc.											
CAGILIETTE	21. SIGNATURE OF EUREPAL SERVICE LI	actor	254		N. Horton Kennedy				, Inc			
	23. PART I. Enter the diseases, or								t,	Approximate		
	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Dea											
	disease or condition Metastatic Cancer											
	resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):											
Z	Malignant Melanoma											
E	Sequentially liet conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	CAUSE (Disease or Injury											
	that initiated events resulting in death) LAST	DOE 10 (OR AS /	A CONSEGUENCE (л-).								
CE CE	d.											
A A	PART II. Other algnificant condition	na contributing to death t	out not resulting	In the underly	ing cause given in	Part I. 24s.	WAS AN A			RE AUTOPSY FINDINGS JLABLE PRIOR TO		
MEDICAL						10	YES 2	NO		MPLETION DF CAUSE DEATH?		
					····	_			1 [YES 2 NO		
PHYSICIAN:												
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (Ch	eck only one)				-		
YS	1 VES 2 NO	1 Inpetient 2 ER/Out		4 - Nursing H	ome 5 🗆 Residence							
E]	1 X Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. Til	JURY	NJURY AT WORK?	28d, DESCRIB	IE HOW IN.	JURY OCCUI	RED			
BY	2 Accident Investigation	28e. PLACE OF INJUR	/ _ At home form		YES 2 NO	261. LOCATION	M /Pt-set ser	of Mumber or	Dural Dougla	Monther		
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe	city)	street, lectory, or	1160	City or Tox		a rannoer or	PIOREI PIOURE	Namoer,		
E	29a. CERTIFIER X				C. (1650) 11				_			
COMPL		ICIAN: To the best of my know ER: On the besis of axamination								d manner as dated		
8			www.mwangar	en, in my opinion								
8	29b. SIGNATURE AND TITLE OF CERTIFIE	(111.	n D		D2675	MBER				1990		
2	30. NAME AND ADDRESS OF PERSON WI	IO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	e. Print)	1 02073			r I'ld	у 10,	1330		

et Silver Spring, Md.
32. REGISTRAR'S SIGNATURE

GUNA DAVIDAN FORDER

1111 Spring Street
31. DATE FILED (Month, Day, Year)
WAY 22 '90



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must he
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEI			IENTAL HYGIEN		14000		
	1. DECEDENT'S NAME (First, Middle, Last)	= DEVAC	E			2. DATE OF DEATH	2, 199	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 217-26-7789	5. SEX 8. AGE (in yrs. les	yrs. IF UNI	-	IF UNDER 24 HRS.	7. DATE OF BIRTN (Morith, Day, Year) 9/15/11		IRTNPLACE (State or Foreign ountry)		
0 R	36. FACILITY NAME (If not institution, give in	TOR LA	9b. CI	BATIMORE 80. COUNTY				OF DEATH CO.		
DIRECTOR	10a. STATE 10b. COUNTY	34-70. CO.	10c. CITY, TOW	N OR LOCATION	nole			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
IERAL	10s. STREET AND NUMBER	TOR LA.		101. ZI	1P CODE 2/23	4	U.S.	OF WHAT COUNTRY?		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	RMED	If yes, specif		C ORIGIN? (Specify Yes, Puarto Rican, atc.)	or No— 14. 1	RACE - American Indian; Black, White, etc.		
MPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (G	ECEDENT'S USUAL Bive kind of work do. b. Do NOT use retired	ne durina most d	of working	18b. KIND OF BU	SINESS/INOUSTI	ay .		
MP	12 17. FATHER'S NAME (First, Middle, Last)		Homemal		A MOTHERIO MAS	n/a IE (First, Middle, Meiden	0			
2	Ray Spencer			'		Anna Lee				
100 80	19a. INFORMANT'S NAME (Type/Print)	RECORDS 15	b. MAILING ADDR	ESS (Street and		oute Number, City or Tow		9)		
	20s METHOD OF DISPOSITION 128 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	count from State 1 other n	or disposition			rdens Fi	cation – city on the street of			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1	Pri +	ADDRESS OF FAC	eral Hom	o & Ch	anel		
	Robert K.	Pritts. Sr.						minster, MD		
	23. PART I. Enter the diseases, or									
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	hypertensive (school	ic Carry	times	war o			
ATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS A CONSE								
CE	PART II. Other significent condition	ne contribution to death but not	manufalme in the	undictules :	anna atua ta l	Para I Las uno sa	AUTOROU	AAL HITTER AUTOROV CHIPMON		
N: MEDICAL	PART II. Other significant condition	s contributing to death but not	resulting in the	underlying (cause given in	Part I. 24a. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0.71		CE OF OEATN (Che	ck only one)				
YSI	1 TYES 2 THO	1 Inpatient 2 ER/Outpatient			5 Realdence	6 Other (Specify)				
ВУ РНУ	27. MANNER OF OEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day War)	20b. TIME OF	28c. INJUR WORK	3	28d. OEŞCRIBE NOW				
ETED	3 Suicids 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At h building, etc. (Specify)	OMET farm, street,	factory, offica		28f. LOCATION (Street City or Town Grate		ural Route Number,		
COMPL	nnel —	ER: On the beat of my knowledge, d						use(s) and menner es stated.		
TO BE (29b. SIGNATURE AND CONTIFIE	ik yo		2	DO 81	192	29d. DATE SIG	SNED Month, Usy, Year)		
	30. NAME AND ADDRESS OF PERSON WA	NO COMPLETED CAUSE OF DEATH (IT	90	005	1/15	RFOR.	DR	0,21234		
	MAY 16 '90	Julia Davido	n-Randelle	-				OHMN-18 Rev 1/89		

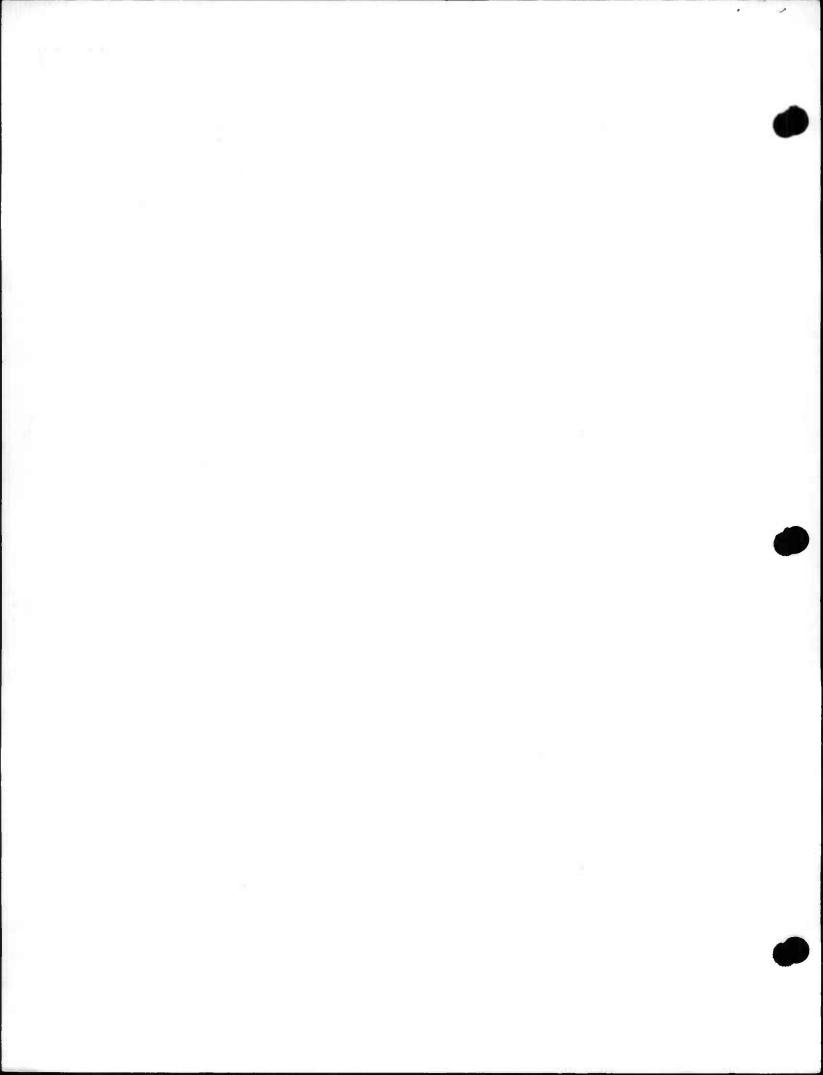
ב כ	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funerable filled within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exami
ì	after (TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the matter of the state o	cal e
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DIVISION OF VIEW DECORDS, F.O. DOA 13149,	dea	Wents	UZ.
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31. DATE FILED (Month, Day, Year)

WAY 2 1 '90

Mie Davidson

		FOR STATE REGISTRAR	STATE OF MARYL				HEALTH AND F DEATH		GIENE a. no.		
1		1. OECEPENT'S NAME (First, Middle, Last)	AVID	Robei	rt M.	David		2. DATE OF DEA	DAY/6	3. TIME OF DE 12:00	EATH P M
		4. SOCIAL SECURITY NUMBER 084-09-2984	1 M 2 D F	(In yrs. last	YAS.	F UNDER 1 YEAR	HOURS MIN.	7. OATE OF BIR (Month, Day,) April 1.	1918	New York	Foreign
1	HO	9e. FACILITY NAME (If not institution, give str	BL	HOLS &	CL		nty of DEATH ntgomery				
	DIRECTOR	10e. STATE 10b. COUNTY	Manatee			own on Lo				10d. INSIDE C LIMITS? 1 X YES 2	
	FUNERAL	10. STREET AND NUMBER 2200 38th Street,					101. ZIP CODE 342	205		zen of WHAT COUNTRY	7
	BY FUN	11. MARITAL STATUS 1 \(\times \) Never Merried 2 \(\times \) Merried 3 \(\times \) Widowed 4 \(\times \) Oivorced	12. WAS DECEDENT EVER II FORCES? 1 [X] YES IF YES, GIVE WAR OR D	2 N ATES	0	If yes,	eCENDENT OF HISP apecify Cuben, Mexic ES 2 XXNO Spec	en, Puerto Ricen, e		14. RACE — American in Bleck, White, etc. Specify: White	ndian,
	COMPLEIED	15. OECEOENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DEC (Gh Ilfe.	CEOENT'S US we kind of wor Do NOT use i	retired.)	most of working	2004 1112	OF BUSINESS/INC		
t once.	COMP	17. FATHER'S NAME (First, Middle, Lest)	2	Pers	sonne]	l Offi		IAME (First, Middle, I		Force	
3 6	IO BE	Walter P. David 190. INFORMANT'S NAME (Type/Print) Arthur W. David		1			Edith et and Number or Rura 5, Ranco		or Town, State, Zip	Code)	
must be		20e. METHOD OF OISPOSITION 1 Burlel 2 Cremetion 3 Remo 4 Donetion 6 Other (Specify)	und from Ctate	b. PLACE (OF DISPOSIT		cemetery, cremetory of		0c. LOCATION —	City or Town, State Spring, Mar	ryland
examiner		21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	20			Horseble	мер	tune So		53
medicai		23. PART I. Enter the diseases, or complications that caused he death. Do not enter the mode of dying, such as cardiac or respiratory errest, abock, or heart fellure. List only one cause on each line. Approximate interval Between Onset and Death									
event, the	1	disease or condition resulting in death)	OUE TO (OR AS	A CONSEC	JUCA	A8/14	/NFARETINA			5	days
traumatic	ATION	Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING									
or other	CERTIFICATION	cause (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEC	UENCE OF):						
any in	DICAL	PART II. Other algnificant conditions	contributing to death a	Mulli	esulting in	tha underl	ring cause given i	n Part I. 24a. \	VAS AN AUTOPSY PERFORMEO? YES 2 NO	24b. WERE AUTOPS AMAILABLE PRI COMPLETION (OF DEATH?	OR TO
sho	AN: ME	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF OEATH (Check only one)		1 🗌 YES 2	□ NO
item	SICIAN	EXAMINER?	HOSPITAL:	petient 3	□ DOA 4	OTHER:	lome 5 Residenc		ffy)		
ked, o	ву Рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	OF DEATH 28e. DATE OF INJURY (Month, Day, Year)				INJURY AT WORK?	28d. DESCRIBE	Describe How injury occurso		
m 28 is	ETED									r or Rural Route Number,	
₽ ;	COMPL	one) 2 MEDICAL EXAMINES	CIAN: To the best of my known: On the basis of examination								se stated.
FOT I	IO BE	29b. SIGNATURE AND TITLE OF BERTIFIER	COMPLETED CAUSE OF OR	1/ch	רומ		29c. LICENSE N	D2644	9 ≥ J	E SIGNED (Mgnth, Day, Ye	ver)
1		30. NAME AND ADDRESS OF PERSON WHO	BANK! S TA	EATH (ITE	ck My	SI3	> WIGHTI	N AUE C	HELY C	NISC 7 2	0815

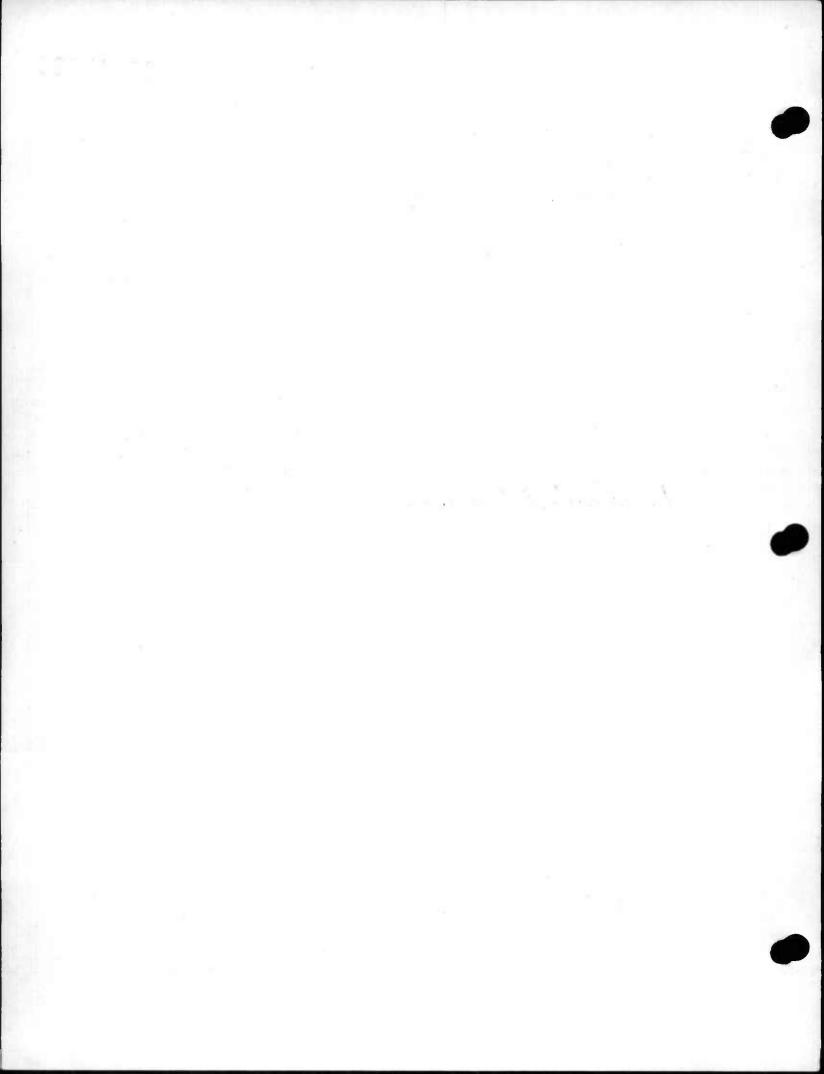


DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

1. OECEDENT'S NAME (First,							2. DATE OF DEATH	av .	YEAR	3. TIME OF CEATH
	JOHN	F. DAV	IS, JR.						990	6:15 am
4. SOCIAL SECURITY NUMB	-	5. SEX	6. AGE (In yrs. Ins	t birthday)	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 12/25/19	17	8. BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give street and number)				ah CITY TOW	N OR LOCATION OF O			NTY OF D	Texas
	8803 Tuckerman Lane				Poto		EATH			
	RESIDENCE OF DECEDENT					nac		Mon	tgom	ery
10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
MD	MD Mont.									1 X YES 2 NO
10e. STREET AND NUMBER						10f. ZIP COOE		10g. CITI	ZEN OF V	VHAT COUNTRY?
8803 Tucke	erman L					20854			U.S.	Α
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF	NO		ECENDENT OF HISPAI specify Cuban, Maxico	NIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No—	14. RACE Black	E — American Indian, k, White, atc.
3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DATES	J II	1 🗆 1	ES 2 NO Specif	y:		Speci	"y: White
15. OEC	EDENT'S EDUC	ATION			USUAL OCCUP	TION	16b. KIND OF BU	SINESS/INI	HETEV	
	highest grade c		(G	ive kind of Do NOT u	work done during	most of working	100, 1010 01 00	011120071112	,001111	
Elementary/secondary (o	-12)	/ı	*)	Colo	ne1		US Army	(Re	tire	d)
17. FATHER'S NAME (First, M	iddle, Last)					18. MOTHER'S NA	ME (First, Middle, Maiden			
John F. D	avis					A + 1	n White			
19a, INFORMANT'S NAME (7			19	b. MAILING	ADDRESS (Stre		Route Number, City or Tow	rn, Stata, Zip	Code)	
Olive D.	Davis		8	3803	Tuckern	an Ia F	otomac. MI	208	5/4	
201 METHOD OF DISPOSIT	ON			OF DISPO		cemetery, crematory or		CATION —		wn, State
1 XBurial 2 Crematic		val from State			on Nati	onal Ceme	tery Arl	ingt	on '	77 A
21. SIGNATURE OF FUNERA	L SERVICE LICE	INSEE			22. NAME	ANO ADDRESS OF FA	CILITY	-		
Main	12 . 0	16 () . V.		Jos	eph Gawle	r's Sons,	Inc.		on.D.C.200
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events	a. Cardiac/respiratory arrest DUE TO (OR AS A CONSEQUENCE OF): b. Oral cancer OUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other algnifica	nt conditions	contributing to	death but not	resulting	in the underly	ing cause given in	Part I. 24a. WAS AF PERFO	RMED?	24h	. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL					PLACE OF DEATH (C	heck only one)			
1 YES 2 XNO		HOSPITAL: 1 Inpatient 2	ER/Outpatient	DOA	OTHER: 4 Nursing F	lome 5 🖺 Residence	6 Other (Specify)			
27. MANNER OF OEATH		28a. DATE Of (Month, L		26b. TII	ME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OC	CURED	
	Pending Investigation				M 1 [YES 2 NO				
3 Suicide 6 Could not be detarmined 26e. PLACE OF INJURY — At he building, etc. (Specify)					street, fectory, o	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
cont only							a to the cause(a) and ma a time, deta and placa, a			s) and menner se stated,
29b. SIGNATURE AND TITLE	OF CERTIFIER	-001	11			29c. LICENSE NU	MBER	29d. DAT	TE SIGNED	(Month, Day, Year)
	100	J.W.C	each	ava stocktoe non			16 N			May 97
30. NAME AND ADDRESS O						l Medical	Center, Bo	ethes		
31. DATE FILED (Month, Day,			AR'S SIGNATURE				, 2		,	

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	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages		
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DIRECTOR

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31. DATE FILED (Month Day Year

MAY 1 8'90

32 REGISTRAR'S SIGNATURE

Deviden

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH MONTH 5 JOE D AVIDSON 10 PM H 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTNPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 - F 227-50-5671 YRS 2-12-40 South Carolina 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GEORGES PRINCE GEORGES HEVERLY RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 10c. CITY, TOWN OR LOCATION Maryland Prince Georges Mitchellville 1 X YES 2 | NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 10811 Golf Course Terrace 20716 United States 12. WAS DECEDENT EVER IN U.S ARMED FORCES? 1 VES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, While, atc. FORCES? 1 YES 2, IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 Never Married 2 X Married 1 TYES 2 NO Specify: Specify: 3 Widowed 4 Divorced **Black** 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Teacher/Coach Public Schools 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Meiden Surname) Joseph Davidson Jenny M. Johnson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Barnetta Jones 840 Jefferson Street, N.W. Washington, D.C. METHOD OF DISPOSITION

Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State Harmony Memorial Park Landover, Maryland 4 Donation 5 Other (Specify) ATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY McGuire Funeral Service 7400 Georgia Ave. N.W. Washington, . Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fellure. List pnly one cause on each lina. interval Between **Onset and Death** MINIONATE CAUSE (Final disease or condition Myocas resulting in deeth) DUE TO (OR AS A ODISEOUENCE OF): Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in daeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 T NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) **EXAMINER?** HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT 28d, DESCRIBE NOW INJURY OCCURED 26b. TIME OF 1 Natural 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — Al home, farm, street, factory, offica building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be 4 Nomicide 29a. CERTIFIER

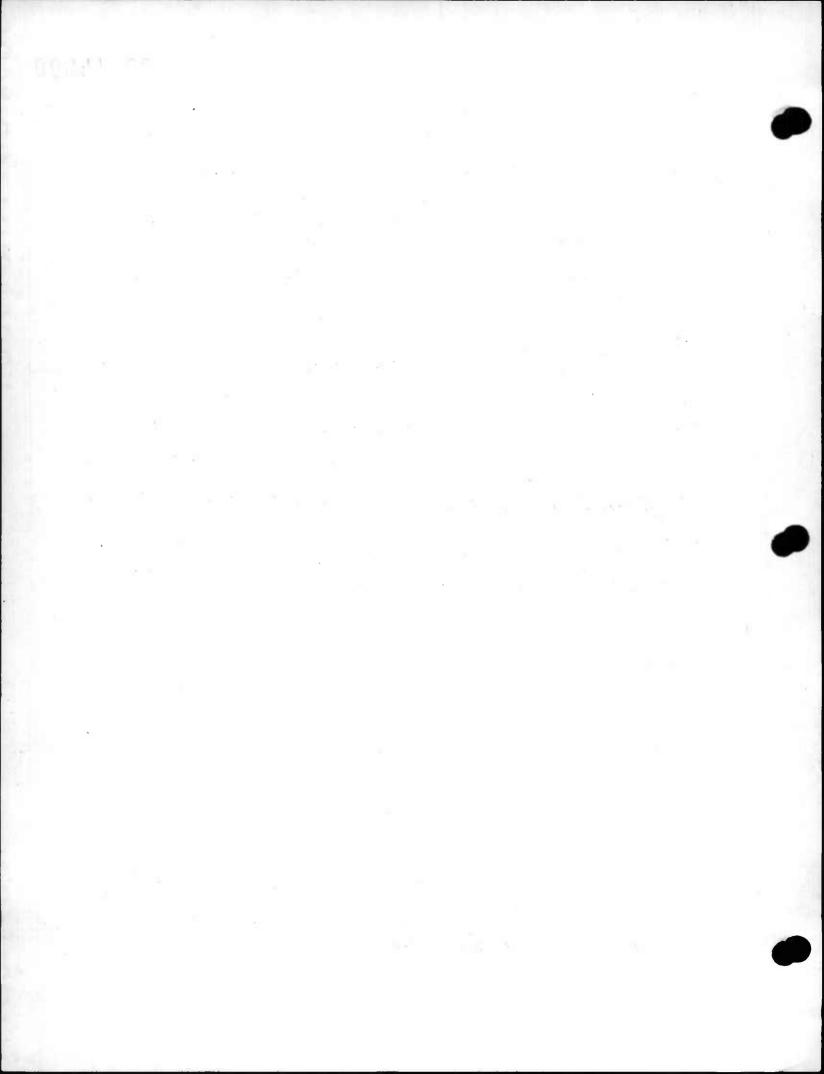
1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER M 29d DATE SIGNED (Month Day Year) 29c LICENSE NUMBER D24283 5.14.90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20707 M-YUSUF MD 3450 Fortmeade

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UNERAL DIRECTOR, Angr DTS COLUNCAR HAS BEEN SIGNED by UNE	within 72 hours after death with the State Dept. of Health and Mi	ANT: If item 28 is marked, or item 23 shows any inju-
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	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAN	ID / DEPAR CERTIF					MENTA	AL HYGIENI REG. NO.	E	90	14090
	1. DECEDENT'S NAME (First,		e CONT	RER				SEA		MON	E OF OEATH	× /	YEAR 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMB	ER	5. SEX		rs. lest birthday) YRS.	IF UNDES	DAYS	IF UNDE	MIN.	7. OATE OF BIRTH (Month, Day, Year) Feb. 28, 1901 Mexico				
)	9a. FACILITY NAME (If not ins		9b. CITY, TOWN OR LOCATION OF DE					0. 20,	- 7 0 -	NTY OF D				
TO HO	CARRIAGE RESIDENCE OF DEC	ESDA	BE	TH	ESD	(A)			MO	NT	GOMERY			
рівесто	10a. STATE	10c. CIT	ry, town	OR LOCAT	TION						10d. INSIGE CITY			
	None	None			Was	hing								1 XYES 2 NO
FUNERAL	10e. STREET AND NUMBER	D1	N 17				101	r. ZIP COD						VHAT COUNTRY?
N.	5153 Sherri	ler Pla	12. WAS DECEDEN		S. ARMED	13.	WAS DEC		016	OBIG ON	IN? (Specify Yes		exic	
1	1 Never Married 2		FORCES? 1	YES	2 K NO		If yes, sp	ecity Cub	nn, Mexica Specify	n, Puerto	Rican, atc.)	0.110	Speci	E — American Indian, k, Whita, etc.
ВУ	3 Widowed 4 Divor	reed		-19				xica						hite
	(Specify only	highest grade of	completed)	3	Give kind of the Do NOT u	work done	during mo		Ing	16	b. KIND OF BUS	SINESS/INC	USTRY	
COMPLETED	Elementary/Secondary (0-	-12)	College (1-4 or 5	+)		ical		inea	r		Mexica	n Go	uarn	mont
OM	17. FATHER'S NAME (First, Mi	ddle, Last)			Orien	LLCal	LILE	_		ME (First,	, Middle, Malden		velli	ment
l w l	Neil Morto	on						In	es G	onza	alez			
TO B	19a. INFORMANT'S NAME (7) Alicia Rel										mber, City or Town ashingt			20016
	20a, METHOD OF DISPOSITI		eval from State	20b. P	LACE OF DISPO	SITION (N	ame of car	metery cre	matory or	,	20c. LO	CATION —	City or To	own, State
	4 Donation 5 Other		ENGEE -	Me	ropoii				SS OF FA	OII ITV				, Va.
	> John	, F,	D.	lhe							DeVol			
	2222 Wisconsin Ave., NW, Washington, DC 2000 23 PAPI. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ehock, or heert failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition													
CERTIFICATION	IMMÉDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Cardippulmonary Arrest 5 minutes Due to (or as a consequence or): Due to (or as a consequence or): Out to (or as a consequence or): Out to (or as a consequence or): Out to (or as a consequence or):													
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO													
AN:	25. WAS CASE REFERRED TO	MEDICAL I					26 B	ACE OF	DEATN (Ch	and and	1			
PHYSICI	EXAMINER?		HOSPITAL:	☐ ER/Outpeti	ent 3 🗆 DOA	OTHE 4 2 Nu	R:				her (Specify)			
		Pending Investigation	28a. DATE Of (Month, L	F INJURY Day, Year)	28b. TII	ME OF JURY M	W	JURY AT DRK? YES 2	□ NO	28d. O	EŞCRIBE NOW I	NJURY OC	CURED	
red BY	3 Suicide 6	Could not be determined	28e. PLACE (building	OF INJURY — , etc. (Specify,	At home, farm,	M 1 YES 2 NO At home, farm, street, factory, office				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLET	one)		CIAN: To the best o											a) and manner as stated.
	29b. SIGNATURE AND TITLE			Λ.							the since princes, and			(Month, Day, Year)
) BE	Larrence E. M. M. M. O. 1 5/									1	2/90			
입	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETEO CAL								4 .	(1.)		^ -
Lawrence E Klein M.D., 3301 New Mexico Ave NW D										D	C. 20016			

32. REGISTRAN'S SIGNATURE PURILE DEVILOR PROPERTY.

Lawrence 31. DATE FILED (Month, Day, Year)
MAY 2 1 '90



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	24	14
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled
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	HOSPITAL	FUNERAL
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Dr.

MAY 25 199

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	1	FOR STATE REGISTRAR	STATE OF MARYLAND /		TMENT OF H		MENTAL HYGIEN REG. NO.	E	
		1. DECEDENT'S NAME (First, Middle, Last)	VINCENT PAUL		DELAGRAN	GE SR.	2. DATE OF DEATH MONTH DAY 23,	"1990 "	3. TIME OF DEATH 7:30 p M
7		4. SOCIAL SECURITY NUMBER 214-05-9860	5. SEX 6. AGE (In yrs. lest	birthday) YRS.	IF UNDER t YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JULY 5 191		BIRTHPLACE (State or Foreign Country)
		90. FACILITY NAME (W not institution, give si Memorial Hos		ić i		berland	EATH	9c. COUNTY All	of DEATH Legany
DIRECTOR		RESIDENCE OF DECEDENT 100. STATE MARYLAND ALLE	GANY		y, town or locat				10d. INSIDE CITY LIMITS? 1 Y YES 2 NO
FUNERAL	- 15-	100. STREET AND NUMBER 815 YALE STREET				21502		U.S.	OF WHAT COUNTRY?
BY FUN		11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☐ YES 2 ☒ N IF YES, GIVE WAR OR DATES	AED O	If yes, spe		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.) /:		RACE — American Indian, Black, White, etc. Specify: WHITE
once. COMPLETED		15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	Completed) (Gir life.	e kind of a Do NOT us	USUAL OCCUPATION Work done during mose retired.) CH PLATE	on st of working	16b. KIND OF BUS	SINESS/INDUST	
111		17. FATHER'S NAME (First, Middle, Last) LOUIS A. D		<u> </u>		18. MOTHER'S NA	ME (First, Middle, Meiden E BRECKENR	Sumeme)	SOLION
notified a		190. INFORMANT'S NAME (Type/Print) ELEANOR S. DELAG	RANGE 8				Route Number, City or Tow RLAND MARY		21502
must be		20e_METHOD OF DISPOSITION 1	oval from State other pla	ce)	SITION (Name of cent				or Town, State
examiner		21. SIGNATURE OF FUNERAL SERVICE LI			SILCO	NO ADDRESS OF FA		HOME	
event, the medical		23. PART I. Enter the diseases, proshock, princert failure. IMMEDIATE CAUSE (Finel disease propholition resulting in death)	DUE TO (OR AS A CONSEC	SC	luca	de of dying, auc	h es cerdiec or resp	ratory arrest	Approximete interval Between Onset and Death
njury, or other traumatic e		Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS A CONSEC	A 100		~ \	1000	Ч	Mange
CERTI		resulting in deeth) LAST	d,						
shows any injury. MEDICAL CE		PART II. Other significant condition	s contributing to deeth but not r	esuiting	in the underlying	g ceuse given in	Part I. 24a. WAS AN PERFO! 1 TYES 1	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	LACE OF DEATH (Ch	neck only one)		
marked, or I		1 YES 2 NO 27. MANNER OF DEATH Notural Pending	Inputient 2 ER/Outpatient 3 28a. DATE OF INJURY (Month, Day, Year)	28b, TIA	ME OF 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUP	RED
28 Is mar		2 Accident 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, ferm,			281. LOCATION (Street City or Yown, State		Rural Route Number,
If Item		COMMON ONLY	CIAN: To the best of my knowledge, de						
IMPORTANT:	1	29b. SIGNATURE AND TITLE OF CENTIFIE	"coc	A	M	D 127		29d. DATE S	10 NED (Month, Bay, Apar)
2 ≥	1	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF DEATH (ITE	1 27) (Type	e, Print)				

Guy Fiscus Memorial Hospital Medical Building, Cumberland, MD 21502

32. REGISTRAR'S SIGNATURE

foria trividen Budge

DHMH-16 Rev 1/89

1100 10 01	
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
DALIMORE, MARTLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13148,

	FOR STATE REGISTRAR	E OF MARYLAND /	DEPARTMENT RTIFICAT			MENTAL HYGIENI REG. NO.					
	1. OECEDENT'S NAME (First, Middle, Last)		,			2. DATE OF OEATH		3. TIME OF DEATH			
į	HERBERT F. DAWSON,	JR.					, 1990	7:10 P M			
1	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last		R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIR	THPLACE (State or Foreign			
	219569697 1 🖫 M	1 30	YRS. MONTHS	Y, TOWN OR	51 MA	MARYLAND					
DIRECTOR	SACRED HEART HOSPIT	'AL		CUMBE	RLAND, M	IARYLAND	ALLE	GANY			
낊	10a, STATE 10b, COUNTY		10c. CITY, TOWN	OR LOCATIO	ON			10d. INSIDE CITY LIMITS?			
	MARYLAND ALLEGANY		CUMBER	RLAND				1 X YES 2 NO			
Z	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?			
FUNERAL	116 WILMONT AVENUE 11. MARITAL STATUS 12. WAS	DECEDENT EVER IN U.S. ARI			1502	IC ORIGIN? (Specify Yea	USA	CE — American Indian,			
BY FU	FOR	DECEDENT EVER IN 0.5. AND DES? 1 V YES 2 N S. GIVE WAR OR DATES VIET NAM	IO IS.	If yes, spec		, Puerto Rican, etc.)	Ble	eck, white, etc.			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DE	CEDENT'S USUAL C	OCCUPATION	of working	16b. KIND OF BUS	INESS/INDUSTRY				
COMPLETED	Elementary/Secondary (0-12) College	(1-4 or 5+) #fe.	Do NOT use retired.)		100						
MP	2	R	EGISTERE			NURSING		\E			
	17. FATHER'S NAME (First, Middle, Last) HERBERT FRANCIS DAWS(M CD				ME (First, Middle, Meiden					
쀪	19a. INFORMANT'S NAME (Type/Print)		MAILING ADDRES	S (Street an		LEEN WINE					
임	NANCY WEESE DAWSON					UMBERLAND		.502			
	20a. METHOD OF DISPOSITION 1 □ Burial 2 ☑ Cremation 3 □ Removal from		OF DISPOSITION (A				CATION — City or				
1	4 Donation 5 Other (Specify)	OMP	S CREMAT				CHESTER	, VIRGINIA			
ŀ	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22	EORGE	-UPCHUR	CH FUNERAL	HOME.	P.A.			
	- Olemely 9), lepel	runch				. CUMBERL					
	23. PART I. Enter the diseases, or complice ahock, or heart feliure. List only IMMEDIATE CAUSE (Final disease or condition reculting in death)	one cause on each line	for	r the mod	e of dying, such			Approximate interval Between Onset and Death			
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (ORAS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL	PART II. Other significant conditions contri	buting to death but not r	resulting in the u	inderlying	cause given in	Part I. 24a. WAS AN PERFOR	MED?	Ab. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
A	25. WAS CASE REFERRED TO MEDICAL			26. PL/	ACE OF DEATH (Che	eck only one)					
SIC	EXAMINER? 1 YES 2 NO 1 Prop	PAL: atlent 2 ☐ ER/Outpatient 3	DOA 4 N		5 - Residence	6 Other (Specify)					
E		. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJU WOF		28d. DEŞCRIBE HOW I	NJURY OCCURED				
ВУ	1 Natural 5 Pending 2 Accident Investigation		М	1 🗆 Y	ES 2 NO						
	3 Suicide 8 Could not be 4 Homicide determined	 PLACE OF INJURY — At he building, etc. (Specify) 	ome, farm, street, fa	ctory, office		28f. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To 2 MEDICAL EXAMINER: On the							e(a) and manner as stated.			
	29b. SIGNATURE AND TITLE OF CERTIFIER			1	29c. LICENSE NUR	ABER	29d. DATE SIGN	ED (Month, Day/War)			
296. DICENSE NOWBER 296. DICENSE NOWBER 296. DICENSE NOWBER 296. DICENSE NOWBER 296. DICENSE NOWBER 296. DICENSE NOWBER 297. DICENSE NOWBER 296. DICE								127/90			
٩	30. NAME AND ADDRESS OF PERSON WHO COMPL			SHOP		RIVE, CUMB	ERLAND	MD 21502			
	31. DATE FILEO (Month, Dey, Year) MAY 2 9 1990	RECOURTERANTS SIGNATURE				77.10					

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGIST
ı	1. DECEDENT
ì	
ı	4. SOCIAL SEC
ı	213-3
I	9a. FACILITY N
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	Maryl
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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	RTIF	CATE	OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF			3	TIME OF DEATH
Mary El	len Davis						May	18	19	90	6.25 a
4. SOCIAL SECURITY NUMBER		GE (In yrs. les	t birthday)	IF UNDER 1		IF UNDER 24 HRS.	2 DATE OF	BIRTH	8	BIRTHPL	ACE (State or Foreign
213-38-8933 9a. FACILITY NAME (If not institution, give :		87	YRS.		DAYS	R LOCATION OF D	Jan	24']	903 1		
union dospi	tal			Ell			d.		Cec:		
10e. STATE 10b. COUNT	Y		10c. CITY	Y, TOWN OR	LOCAT	ION				10	d. INSIDE CITY
Maryland Ceci	1		Che	easpe		clity			0717		LIMITS? XYES 2 NO NT COUNTRY?
641 biddle St	•					1915			100	A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1	YES 2 N		13. W/	VES	ENDENT OF HISPA Iclas Cuban, Mexico 2 NO Specifi	NIC ORIGIN? (en, Puerto Ric ly:	Specify Yes	or No— 14	Black, V	American Indian, Vhite, etc. Thite
15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL OCC	UPATIC	ON .	16b. K	IND OF BU	SINESS/INDUS	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)			vork done du e retired.)	nng mo	st or working	Ow	n Do	micle	e	
17. FATHER'S NAME (First, Middle, Last)	•	1 22 4	211			18, MOTHER'S NA					
william B.	navis					Linda	Jacob	S	Da.	vis	
19e. INFORMANT'S NAME (Type/Print)						nd Number or Rural				ode)	
William Sigma	n	RC	x 4	03 0	eci	.lton w	aryla	ind 2	21913		
20s METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	oval from State	20b. PLACE other ple	of Dispos	Ceme	ter	netery, cremetory or			cation — ch		
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- 5		22. N/	AME AN	ID ADDRESS OF FA		1			
Edward 9	Mileon	n		6	sce	FUNE	ALH	ONS	7. F.	How	imp.
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	OUE TO (OR	AS A CONSEC	UENCE OF	e tun r	u	when up ask	٠. ٨٠	10-			Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	С.	AS A CONSEC				7	2				
	d										
PART II. Other algnificent condition	ns contributing to dee	th but not r	eaulting i	in the und	erlying	g cause given in		4e. WAS AN PERFOR	MED?	C O	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
DE MAR CARE DESERVES TO MESSAGAI	1										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpetlant 2	□ DO4	OTHER:		ACE OF OEATH (C		0			
27. MANNER OF DEATH	28e. DATE OF INJU		28b. TIM	-	-	e 8 - Residence			NJURY OCCU	RED	
Natural 5 Pending Accident Investigation	(Month, Day, Ye	ear)	INJ	M	1 🗆 '	YES 2 NO	100.00	moe novi		THE D	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	JURY — At he (Specify)	RY — At home, farm, street, factory, office pecify)			281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				rte Number,	
anal	ICIAN: To the best of my I										ind manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICENSE NU	MBER		29d, DATE	SIGNED (A	fonth, Day, Year)
Limite	Enrus					61-00	00153	4	•	51211	08.
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE O										
31. OATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	OWIL	, De.							
Kenneth Lewis, 31. OATE FILED (Morith, Day, Ybar) MAY 22'90	Gulia Davi	dson-R	ndell								

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us he find within 72 hours after death with the State Dest. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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王	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the functional physician and completely filled in by the functional physician prior to burial, cremation, or removal.	5
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													90	14894
	FOR 1 - STATE		STATE OF MA		DEPAR					MENTAL	HYGIEN BEG. NO	_		
	REGISTRAR 1. DECEDENT'S NAME (First	t, Middle, Last)	-		ENIII	ICATI	LOF	DEA			OF OEATH			TIME OF DEATH
	ELIZABETH	(D Eduda	ANN) DON	TTT T 17						MONTH	/	AY	90	1:45 P "
	4. SOCIAL SECURITY NUM	BER	5. SEX 6.	AGE (in yrs. la	isi birthday)	IF UNDE	A 1 YEAR	IF UNDER	24 HRS.	s. 7. DATE OF BIRTH 8. BIRTHPLA				ACE (State or Foreign
	220 03 02:	29 A	1 🗆 M 2 💢 F	71	YRS. MONTHS DAYS HOURS MIN. (Month, De)						17,1918 Country) Maryland			
	9a. FACILITY NAME (If not			9b. CIT	Y, TOWN	OR LOCATI	ON OF D	EATH	TH 9c. COUNTY OF DEATH					
OR	Howard County General Hospital					Co	oluml	oia			Howard			
ក្ត	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY				10c, CI3	Y. TOWN	OR LOCAT	TION					10	d. INSIDE CITY
DIRECTOR	Maryland	Howar	rd			Lumb							1	LIMITS?
	10e. STREET AND NUMBER	R					101	. ZIP COD	E			10g. CIT		AT COUNTRY?
FUNERAL	10200 West	wood Di	cive					2104	4			11.	S.A.	
N N	11. MARITAL STATUS	wood	12. WAS DECEDENT E	VER IN U.S. A	RMED	13.		ENDENT (OF HISPAI		? (Specify Ye		14. RACE -	American Indian,
BY FI	1 Never Married 2 3 Widowed 4 Div		FORCES? 1					Cify Cube		n, Puerto I y:	licen, atc.)		Specify:	White
ED		CEDENT'S EDU			ECEDENT'S					16b.	KIND OF BU	SINESS/IN	DUSTRY	-
	Elementary/Secondary	nly highest grade (0-12)	College (1-4 or 5+)	iii	Give kind of le. Do NOT u	work done se retired.)	during mo	ast of worki	ng					
COMPLET	12				Sales	per	cson				Rea	l Est	ate	
Ö	17. FATHER'S NAME (First,	Middle, Last)						18, MOT	HER'S NA	ME (First, I	fiddle, Maiden	Sumame)		
BE	Leonard	Muck						Ma	rie	Barr	ett			
	19a. INFORMANT'S NAME										er, City or Tov			
5	James F Donnelly 10200 Westwood Drive Columbia Md 21044													
	20s. METHOD OF DISPOSITION 20b. PLACE other p				place)	OF DISPOSITION (Name of cemetery, crematory or lace)					20c. LC	OCATION -	- Cify or Town	, State
	4 Donation 5 C Oth	er (Specify)			Cre	stla				Howard County				nty
	21. SIGNATURE OF FUNER					22 F	ATT	ND ADDRE	SS OF FA	CE FIE	neral	Home	Inc	
	Darr	y N.	Witzke	/									cott	City
	23. PART I. Enter the	disesses, or	complications that o	eused the d	leath. Do									Approximate
	ahock, or IMMEDIATE CAUSE (F	4	List only one cause	on each lin	10.	1								Onset and Death
	disease or condition	mor	Carci	ume	N 07	()	un	9						
	resulting in death)		DUE TO (O	R AS A CONSI	EOUENCE	F):	1	1	4 -	0	1	^	7	+
2			, Sever	l Ch	ronce	U ()	641	wit	evel	IM	more	y b	neosl	
CERTIFICATION	Sequentielly list cond if any, leading to imm		DUE TO (O	R AS A CONSE	EQUENCE (DF):						U		
8	cause. Enter UNDERL CAUSE (Disease or In	YING	C											
	that initiated events		DUE TO (O	R AS A CONS	EQUENCE (OF):								
E	resulting in death) LA	ST	d											
	PART II. Other algoritic	cent conditio	ns contributing to de	eth but not	resulting	in the s	nderlyin	a cause	alven in	Part i.	24a. WAS AI	N AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
8	Belo	Teral	Jamoral	cite	and to	cci	els	CIM	7 11 11 11 11		PERFO	RMED?	A	MAILABLE PRIOR TO COMPLETION OF CAUSE
0		grand out out of according								1 TYES	ZYLNO		F DEATH?	
Σ			V		V			···					'	YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
S	EXAMINER?	. J. manifesta	HOSPITAL:	ID Whater of the C	a 🗆 200	OTHE	R:							
TYS	1 VES 2 NO		1 Inpatient 2 E		3 L DOA		7	JURY AT	esidence	6 Othe	CRIBE HOW	INJURY O	CCURED	
	1) Netural 6	Pending	(Month, Day,			IJURY M	W	ORK? YES 2	NO		_			
BY	2 Accident 3 Suicide	Investigation	28e. PLACE OF		home, farm.	street, fa				28t. LOC	ATION (Street	and Numb	er or Rural Ro	ite Number,
0	4 C Mambalda	Could not be	building, et			-	100			City	or Town, State)(

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c, LICENSE NUMBER DO 9536 29d. DATE SIGNED (Month, Day, Year) ► 5-11-90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1700, Print)

Medical Acts Building Colu MD. lumbia

MAY 1 4 '90

6 Could not be determined

32. REGISTRAR'S SIGNATUR Gulia Devidson Randall

TO BE COMPLETED

4 Homicide

detail in

vi seeta 1T

Testing Testing Council to

and Just Pende Hell?

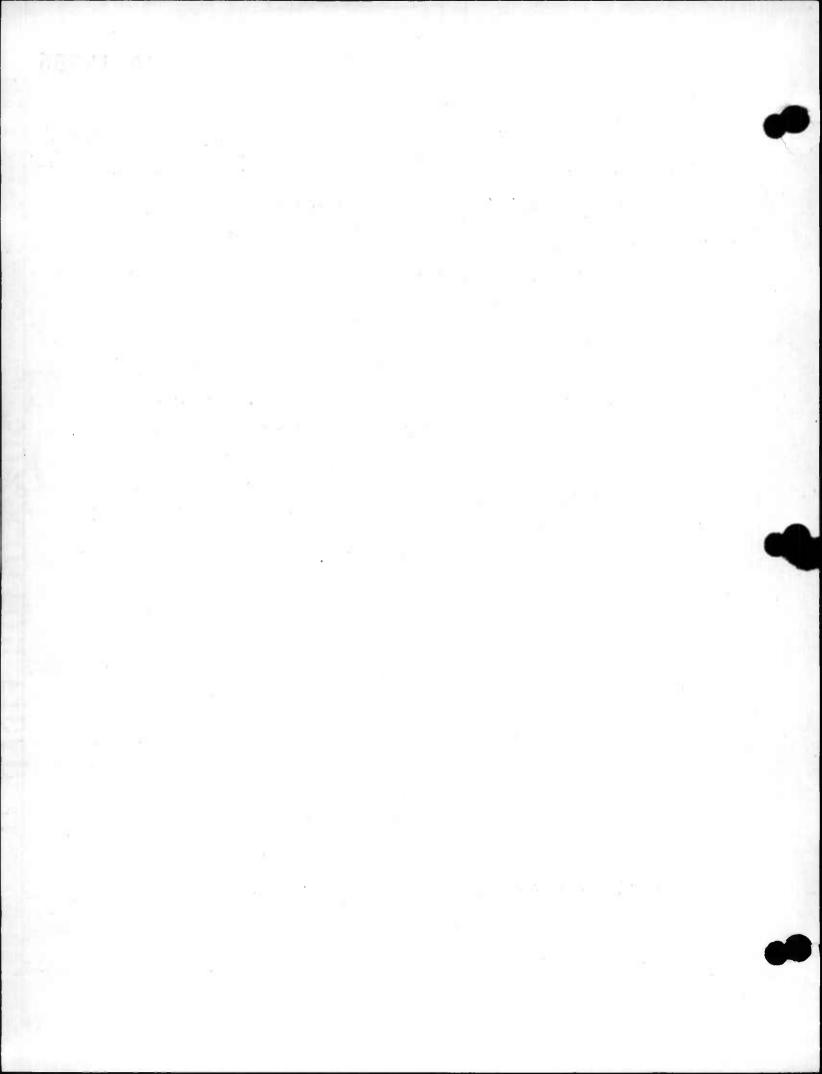
See to the annual of the second of the secon

E S - Deline College C

Frank and Shedat Ed Little

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 20 mount after death. Page 6 may be retained by the hos	TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
thin 24 hours a	etety filled in by emation, or rem	nt, the medic
e be executed w	sician and comple	traumatic ever
death certificat	e attending phy fental Hygiene p	ury, or other
equires that the	an signed by the	hows any inj
IAN: The law n	rtificate has be re State Dept.	or Hem 23 s
NDING PHYSIC	R: After this ce er death with th	is marked,
SPITAL OR ATTE	JERAL DIRECTO in 72 hours after	IT: If Item 28
TO THE HOS	TO THE FUN be filed with	IMPORTAN

	1. DECEDENT'S NAME (First, Middle, Last))							OF DEATH			3. TIME OF DE	ATH
ì		PIERCE EAL	RLE					MONTH	AY 17	1990	YEAR	6:15	A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. II	ast birthday)	IF UNDER 1 YEAR	-		7. DATE	OF BIRTH		8. BIRTI	HPLACE (State or	Foreign
	124-09-6556	1, M 2 F	75	YRS.	MONTHS DAYS	HOURS	MIN.		Y 18	1914	MAS	SACHUSI	TTS
F	9e. FACILITY NAME (If not institution, give	street end number)			96. CITY, TOW	OR LOCATIO	N OF DE			9c. COU	NTY OF D		
11-	NATIONAL NAVAL	MEDICAL C	ENTER			BETHES	DA			MO	NTGO	DMERY	
Ì	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN OR LO	ATION						10d. INSIDE CI	ГҮ
L		RLINGTON			ARLI	GTON						1 YES 2	NO
	10e. STREET AND NUMBER					101. ZIP CODE				10g. CIT	ZEN OF	WHAT COUNTRY	
L		H LARRIMOI					2205				ITEL	STATES	5
ш	11. MARITAL STATUS 1 Never Merried 2 X Merried	12. WAS DECEDENT FORCES? 1	YES 2	NO		ECENDENT O specify Cuber				e or No—	14. RAC Bloc	E — American in k, White, etc.	dlen,
и.	3 Widowed 4 Divorced	IF YES, GIVE W			1 🗆 Y	ES 2 X NO	Specify	,			Spec	WHITI	7
ŀ	15, DECEDENT'S ED				USUAL OCCUPA	TION		16h	KIND OF BU	ISINESS /INF	HIOTOV	MUTII	
ŀ	(Specify only highest grad		- 4	Give kind of te. Do NOT u	work done during se retired.)	most of workin	0	100.	KIND OF BU	JOINE SO/INE	Josini		
	Elementary/Secondary (0-12)	College (1-4 or 5 +		II. S.	ARMY				DEFE	NCF			
1	17. FATHER'S NAME (First, Middle, Last)			U. O.	AINVI	18. MOTH	IER'S NAI	ME (First, A	Niddle, Melder				_
	NELSON EAR	TE					RE	CCTE	PIER	CF			
r	19a. INFORMANT'S NAME (Typo/Print)		1	19b. MAILING	ADDRESS (Street	t end Number					Code)		
	TRENA EARLE			867 N	JORTH I	RRTMO	DE S	TREE	T AR	ITNCT	ON	VA 2220	15
	20a. METHOD OF DISPOSITION		20b. PLAC	E OF DISPO	SITION (Name of	cemetery, crem	atory or		20c. L	OCATION -	City or To	own, State	
	1 KBuriel 2 Cremation 3 Real 4 Donation 5 Other (Specify)	moval from State	orner A	ffing	ton Nat	ional	Ceme	etery	Y Z	rling	gton	, Virgi	nia
ľ	21. SUMATURE OF FUNERAL SERVICE L	CENTE			22. NAME	AND ADDRES	S OF FAC	CILITY					
	23. PART I. Enter the diseases, or abock, or heart failure IMMEDIATE CAUSE (Final disease or condition	complications the	caused that	death. Do	Murp	hy Fur		l Hon				Approxi	nata Batw
	ahock, or heert failure IMMEDIATE CAUSE (Final Idleesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. META:	se on each	ADEN(Murp	hy Fur		l Hon				Approxi	nata Batw
	ahock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona,	a. META: DUE TO	STATIC (OR AS A CONS	ADENCE COLUMN CE	Murp OCARCING	hy Fur		l Hon				Approxi	nata Batwe
	abock, or heert failure IMMEDIATE CAUSE (Final Idisease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. META DUE TO b. DUE TO c. DUE TO	STATIC (OR AS A CONS (OR AS A CONS	ADEN(EQUENCE O	Murp OCARCING PF):	hy Fur	ng, auch	L Hon	iliac or reag	N AUTOPSY	rest,	Approxi	FINDIN F CAUS
	abock, or heert failure IMMEDIATE CAUSE (Final Idisease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. META DUE TO b. DUE TO c. DUE TO	STATIC (OR AS A CONS (OR AS A CONS	ADEN(EQUENCE O	Murp OCARCING PF):	hy Fur	ng, auch	L Hon	iliac or reas	N AUTOPSY	rest,	Approxi Interval Onset a Onset a b. WERE AUTOPSY MAILABLE PRIC COMPLETION O OF DEATH?	FINDIN F CAUS
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	abock, or heert failure IMMEDIATE CAUSE (Final Idisease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	a. META: DUE TO: b. DUE TO: c. DUE TO: d. DUE TO: META: DUE TO: DUE TO: A. DUE TO:	STATIC (OR AS A CONS (OR AS A CONS (OR AS A CONS death but not	ADEN(EQUENCE C EQUENCE C T resulting	DCARCIN(DCARCIN(DF): DF): In the underly 28. OTHER: 4 Nursing H ME OF 28c.	hy Fur	ng, auci	Part I.	24a. WAS AI PERFO	N AUTOPSY PRMED?	241	Approxi Interval Onset a Onset a b. WERE AUTOPSY MAILABLE PRIC COMPLETION O OF DEATH?	FINDIN F CAUS
	ahock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	a. META: DUE TO: b. DUE TO: d. DUE TO: d. HOSPITAL: 1 1 inpetient 2 28e. DATE OF (Month, Dec.) 28e. PLACE OF 28	STATIC (OR AS A CONS (OR AS A CONS (OR AS A CONS death but not ER/Outpatient INJURY (INJURY — At I	ADENCE COLUEN	DCARCIN(DCARCIN(DF): DF): In the underly 28. OTHER: 4 Nursing H ME OF 28c.	PLACE OF DOME 5 Re NUMBER OF DOME 5 Re NUMBER OF DOME 5 Re NUMBER OF DOME 5 RE	ng, auci	Part I.	24a. WAS AI PERFO 1 X YES r (Specify) CRIBE HOW	N AUTOPSY PRMED? 2 NO INJURY OC	244	Approxi Interval Onset a Onset a b. WERE AUTOPSY MAILABLE PRIC COMPLETION O OF DEATH?	FINDIN F CAUS
	ahock, or heert failure IMMEDIATE CAUSE (Final Idisease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	a. META: DUE TO: b. DUE TO: d. DUE TO: d. HOSPITAL: 1 1 inpetient 2 28e. DATE OF (Month, Dec.) 28e. PLACE OF 28	STATIC (OR AS A CONS (OR AS A CONS (OR AS A CONS death but not	ADENCE COLUEN	DCARCING DCARCING DF): In the underly A COTHER: A COTH	PLACE OF DOME 5 Re NUMBER OF DOME 5 Re NUMBER OF DOME 5 Re NUMBER OF DOME 5 RE	ng, auci	Part I.	24a. WAS AI PERFO	N AUTOPSY PRMED? 2 NO INJURY OC	244	Approxi	FINDIN F CAUS
	ahock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 NET	a. META: DUE TO: b. DUE TO: c. DUE TO: d. DUE TO: d. DUE TO: 28e. DATE OF (Month, De) 28e. PLACE Of building,	STATIC (OR AS A CONS (OR AS A CONS (OR AS A CONS (ADENCE COMEN	OCARCIN(OCARCIN(OF): In the underly In the underly OTHER: 4 \(\text{Nursing H} \) All of the time, descriptions	hy Fur	ilven in EATH (Che sidence	Part I. Part I. Pack only on B Other 28d. DES	24a. WAS ALL PERFO 1 X YES or (Specify) CRIBE HOW ATION (Street or Town, State	N AUTOPSY PRMED? 2 NO INJURY OC	24l	Approxi Interval Onset a Onset	mata Batwa nd De FINDING R TO F CAUS
	ahock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	a. META; DUE TO: b. DUE TO: c. DUE TO: d. DUE TO: d. DUE TO: 28e. DATE OF (Month, Delinding, Delind	STATIC (OR AS A CONS (OR AS A CONS (OR AS A CONS (ADENCE COMEN	OCARCIN(OCARCIN(OF): In the underly In the underly OTHER: 4 \(\text{Nursing H} \) All of the time, descriptions	PLACE OF DOMA PLACE OF DOME 5 Re INJURY AT YES 2 Title wate end place, o, death occur	plven in EATH (Che sidence NO end due	Part I. Part I. Other 28d. DES to the cautime, date	24a. WAS ALL PERFO 1 X YES or (Specify) CRIBE HOW ATION (Street or Town, State	N AUTOPSY PRIMED? 2 NO INJURY OC. end Number of end Number of end of the end	24l CURED r or Rural ted.	Approxi Interval Onset a Onset a b. WERE AUTOPSY AMALABLE PRIX COMPLETION O OF DEATH? 1 YES 2 Route Number, (e) end menner e	mata Batwa FINDIN R TO J NO
	ahock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only) 1 NET	a. META; DUE TO: b. DUE TO: c. DUE TO: d. DUE TO: d. DUE TO: 28e. DATE OF (Month, Delinding, Delind	STATIC (OR AS A CONS (OR AS A CONS (OR AS A CONS (ADENCE COMEN	OCARCIN(OCARCIN(OF): In the underly In the underly OTHER: 4 \(\text{Nursing H} \) All of the time, descriptions	PLACE OF DOMA PLACE OF DOME 5 Resident WORK? YES 2 Titles atte and place, o, death occur 29c. LICE	plven in EATH (Che sidence NO end due ed at the	Part I. Part I. 26t only on 26d. Des 26f. LOC. City to the cautime, date	24a. WAS ALL PERFO 1 X YES or (Specify) CRIBE HOW ATION (Street or Town, State	N AUTOPSY PRIMED? 2 NO INJURY OC. end Number of end Number of end of the end	244 CURED r or Rural ted. he cause	Approxi Interval Onset a Onset a b. WERE AUTOPS) AMALABLE PRIX COMPLETION OF DEATH? 1 VES 2 Route Number, (e) end menner e	FINDIN R TO GO TO
	ahock, or heert failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YNO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	a. META DUE TO b. DUE TO c. DUE TO d. DOES CONTRIBUTING to 28e. DATE OF (Month, De) 28e. PLACE Of building, SICIAN: To the best of exercises	STATIC (OR AS A CONS (OR AS A CONS (OR AS A CONS death but not ER/Outpatient INJURY (INJURY — At I efc. (Specify) my knowledge, comination end/o	ADENCE COLORDO	DCARCING DCARCING DF): DF): In the underly A	PLACE OF DOMA PLACE OF DOME 5 Resident WORK? YES 2 Titles atte and place, o, death occur 29c. LICE	plyen in EATH (Che sidence and due end at the ENSE NUM 3583	Part I. Part I. Other 28d. DES 28f. LOC. City to the cautime, date	24a. WAS AI PERFO 1 X YES ATION (Street or Rown, State and place, 4	N AUTOPSY PRMED? 2 NO INJURY OC INJURY OC Injury Octoor and Aumber Injury Octoor and Aumber Injury Octoor and Aumber Injury Octoor and Injury Octoor and Injury Octoor and Injury Octoor and Injury Octoor and Injury Octoor	CURED To Rural ted. he cause E Signe	Approxi Interval Onset a Onset	FINDIN R TO GO TO



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within explours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	G. NO.			
- 4	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE			3. TIME OF DEATH	
	William Exams	₹ HOWARD		EVANS		May	7, 199	OTEAH	1:00 p M	
		HOMAND	rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIL	RTH	8. BIRTI	HPLACE (State or Foreign	
	112 07 7077	1X M 2 □ F 81	YRS.	ONTHS DAYS	HOURS MIN.		, 1909	BE	METTSVIECE.	
	Se. FACILITY NAME (If not institution, give atre	.5		R LOCATION OF DE			9c. COUNTY OF DEATH			
FUNERAL DIRECTOR	DEER"S HEAD CE	ENTER		SALIS	BURY, M	ID.	Wi	Wicomico		
Ä	10a. STATE 10b. COUNTY		1	TOWN OR LOCAT	ON	-			10d. INSIDE CITY LIMITS?	
ā	MD. WIG	COMICO	SAL	.ISBURY					1 YES 2 NO	
AL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?	
EH	1126	BRYN MAWR			21801			USA		
5		12. WAS DECEDENT EVER IN U. FORCES? 1 YES	S. ARMED		ENDENT OF HISPAN cify Cuban, Maxica			14. RAC	E — American Indian, ck, White, etc.	
BY F	1 Never Married 2 Narried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			2 NO Specify		etc.)	Spec		
	15. DECEDENT'S EDUCA (Specify only highest grade or	ITION 16	a. DECEDENT'S U	SUAL OCCUPATIO	N	16b. KIND	OF BUSINESS/I	NDUSTRY		
ᇤ	Elementary/Secondary (0-12)	College (1-4 or 5+)		rk done during mos retired.)						
APL		3rd yr.		SELF-E	MPLOYED	PL	UMBER-	CLEA	NER-PRESSER	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA)		
BE (NORMAN	EVANS			HATTIE	THOM				
2	19a. INFORMANT'S NAME (Type/Print)	EMANIC			nd Number or Rural F		y or Town, State,	Zip Code)		
٦	LILLIAN M.				AS ABOV	/t.				
	28a, METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	zel from State SP	RINGHILL	MEMORY	GARDEN		HEBRON			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AN	LADDRESS OF FA	CH CH	ΔPFI F	TF	2 BOX 920,	
	Lacetta B	Jolley			SBURY, N		801		2 BON 720,	
	23. PART i. Enter the diseeses, or co							arreat,	Approximata	
	shock, or heart feliure. List only one cause on each line.								Interval Between Onset and Death	
	disease or condition resulting in deeth)	Renal Fai	lure	ure						
- 1	resulting in deetil)	DUE TO (OR AS A C	ONSEQUENCE OF):							
z		Diabetes	nephrop	pathy						
CERTIFICATION	Sequentieily list conditions, if any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):							
S	CAUSE (Disease or injury									
F	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):							
H	d.									
	PART II. Other significant conditions	contributing to deeth but	not resulting in	the underlying	cause given in	Part i. 24a.	WAS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS	
DICAL	Congestive he	art failur	e, cond	restive	cardi	0- 15	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	myopathy, coron		diseas				1 1 1 1 1 1 1 1		OF DEATH?	
2 :						14				
A	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	eck only one)				
PHYSICIAN: ME		HOSPITAL: 1 M Inpatient 2 □ ER/Outpati		OTHER:	e 5 🗆 Realdence	6 Other (Spe	noffy)			
ξ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		URY AT RK?	28d. DESCRIB	E HOW INJURY	OCCURED		
ВУ Б	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, 1007)	11100		ES 2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF INJURY — building, etc. (Specify	At home, farm, at	reet, factory, offic		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
E	4 Homicide determined		,			Sily 6. 10.	in, otale)			
7	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowled	ige, death occurred	I at the time, date	and place, and due	to the cause(a)	and manner as	stated.		
COMPLETED	enal ciny	On the beels of exemination s							(a) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d, C	ATE SIGNE	D (Month, Day, Year)	
BE	Elsa W. Cos.	in M.D			D/17	9 7	•		7-1990	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, I	Print)	100			0-	, , , , , ,	
_	ELSA M. GOR			18 EM	ERSON	AV. SI	LISBU	Ry.	ND 21801	
5	MAY 0 9 '90	32. REGISTRAR'S SIGNAT	OHE CHILD							

district and

13, F.O. BOA 13146, BALLIMORE, MARTLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he flied within 72 hours after death with the State Dent. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 13146,	w requires that the death certificate be executed withi	been signed by the attending physician and complete t. of Health and Mental Hygiene prior to burial, crem	shows any injury, or other traumatic event,
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The la	TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Det	IMPORTANT: If item 28 is marked, or item 2.

	FOR 1 - STATE REGISTRAR	STATE OF M		DEPART ERTIFIC					MEN	TAL HYGIEN REG. NO.	E		
	1. DECEDENTS NAME (First, Middle, Lest)	RNHK	E							ATE OF DEATH	7- 2	10 1	+ 40 Am
1 1	4. SOCIAL SECURITY NUMBER 5	. SEX	6. AGE (In yrs. les		IF UNDER		IF UNDER			ATE OF BIRTH forith, Day, Year)	8.	BIRTHPLA Country)	CE (State or Foreign
	578-07-8075	₩ 2 □ F	71	YRS.	MONTHS	DAYS	HOURS	MIN.		RIL 30,	1919		INGTON, DC
	9a. FACILITY NAME (If not institution, give stree	t and number)	11		9b. CITY,	, TOWN C	PR JOCATI	ON OF DE	_		9c COUNT		
DIRECTOR	SOUTHERN MA	RYANI	o Hosp	ITAL		e	lin	1701	A		YRIN	CE,	GEORGES
H	10e. STATE 10b. COUNTY			10c. CITY,	TOWN C	OR LOCAT	ION		10d. INSIDE CITY			I. INSIDE CITY LIMITS?	
	MARYLAND PRINC	E GEORG	ES	L	CAP1	TOL	HE:	IGHT	S			1 YES 2 NO	
AL A	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITIZE	N OF WHAT	COUNTRY?
FUNERAL	413 MILFAN DRIVE 20743 USA							JSA					
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RA 14. Name Marital Status 15. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RA 16. Name Marital Status 17. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RA 18. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RA 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RA 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RA 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RA 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RA 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RA 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RA 19. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. RA 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 14. RA 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 14. RA 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 14. RA 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 14. RA 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 14. RA 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 14. RA 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 14. RA 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 14. RA 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 14. RA 19. WAS DECENDENT OR HISPANIC ORIGIN? (Specify Yea or No— 14. RA 19. WAS DECENDENT OR HISPANIC OR HISP							Black, W	Amarican Indian,				
	1 Never Married 2 Married	IF YES, GIVE W		40			ZX NO			irio Hican, etc.)		Specify:	mu, ato.
В	3 Widowed 4 Divorced		WWII				**						WHITE
ETED	15. DECEDENT'S EDUCAT (Specify only highest grade con	TION mpleted)	/G	CEDENT'S L	ork done	during mo	ON st of worki	ing		16b. KIND OF BUS	INESS/INDUS	TRY	
<u> </u>	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)												
₽	1 MANAGER IBM 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)												
ő	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (FI	irst, Middle, Malden	Surname)		
	LOUIS FR	RANKE					MA	RIE 1	ELI	ZABETH	KIRCHO	ESSN	ER
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	S (Street a				Number, City or Tow			
임	ELEANOR H. FRANKE	(WIFE)	413 M	TLFA	N D	RTVE	. CAI	РТТ	OL HEIG	HTS. M	IARYT.	AND 20743
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSI							CATION — CH		
	1 Burial 2 Cremation 3 Ramova	il from State	GATE	OF	HEA	AVEN	CE	METE	RY	ST	LVER	PRIN	G, MARYLAN
	21, SIGNATURE OF PUNERAL BERRICE LIGHT	mbe /	1					SS OF FA			DVDIC L)I ICIII	G, THREELAN
	161 116	1 (/		FF	RANC	IS J	. CO	LLI	NS FUNE	RAL HO	ME,	INC.
	Kurl	in											.,MD 20901
	23. PART I. Enter the diseasea, or cor shock, or heart fallure. Lis				ot enter	the mo	de of dy	ring, suc	h ss	cardiec or resp	ratory smea	it,	Approximate Interval Between
	IMMEDIATE CAUSE (Fine)	it billy one cau	oc Dir oddir iiri										Onset and Death
	disesse or condition resulting in death)	14	EPATI	C	Co	M A							
	resulting in death) . s.	DUE TO	(OR AS A CONSE	QUENCE OF):								
2	- .	CARO	INOM	19	5	Co	101	JV	いさ	h Mey	MTZA	SES	
CERTIFICATION	Sequentially list conditions, if sny, jesding to immediate	DUE TO	(OR AS A CONSE	OUENCE OF):								
¥	cause. Enter UNDERLYING												
문	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE OF):								
ΙĒΙ	resulting in death) LAST												
빙												_	
A A	PART ii. Other significant conditions					nderiyin	g cause	given in	Part	i. 24s. WAS AN PERFO	200000	200	RE AUTOPSY FINDINGS
5	CORONARY A	RTERY	DIS	EAS	6					1 TYES	NO C		MPLETION OF CAUSE DEATH?
Ä													YES 2 NO
-													
M	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH (Ch	neck or	nly one)			
PHYSICIAN: MEDICA		HOSPITAL:	ER/Outpatient	3 □ DOA	OTHE		no 5 🗆 6	laskinana		Other (Specify)			
. ≥	27. MANNER OF DEATH	28a. DATE OF		28b. TIME			JURY AT		_	DESCRIBE HOW	NJURY OCCU	IRED	
	1 Natural 5 Pending	(Month, D			URY	W	YES 2	□ NO					
B	2 Accident Investigation	28a PLACE O	F INJURY — AI h	ome ferm s	tract for				286	LOCATION (Street	and Number o	r Rumi Bruit	a Number
0	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)			y, UTIN	-			City or Town, State		. mout route	o
ET													
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of	my knowledge, d	eath occurre	d at the	time, date	and plac	e, and due	to th	e cause(a) and ma	nner aa atateo	i.	
O	one) 2 HEDICAL EXAMINER:	On the basis of e	xamination and/or	investigation	n, in my	opinion,	death occi	ared at the	time,	date and place, a	nd due to the	cause(a) ar	nd manner as stated.
E C	29b, SIGNATURE AND TIME OF CENTIFIER	Λ.					30c. LIC	ENSE NU	MBER		29d. DATE	SIGNED (M	orith, Day, Year)
88		NOUN	V-				1).	- 130	7	2	> 5		190.

8926 WOODYARD ROAD, #601, CLINTON, MARYLAND 20735

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

32. REGISTRAR'S SIGNATURE

Luka Davidson Randoll

GURBUX H. NACHNANI,

MAY 23 '90

31. DATE FILED (Month, Day, Year)

Tin 171

.1

DHMH-16 Rev 1/89

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 6 filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFIC	CATE OI	DEATH		REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE O	F DEATH		YEAR	3. TIME OF DEATN
	Marie	E.	Ferr	0				20, 1		TEAR	7:04 P M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs.		F UNDER 1 YEAR	1	7. DATE O			8. BIRTN	IPLACE (State or Foreign
219-68-456	6	1 🗌 M 2 💢 F	34	YRS.	ONTHS DAYS	HOURS MIN.		28,19	55		vland
9a. FACILITY NAME (If not in		treet and number)		9	b. CITY, TOWN	OR LOCATION OF DE			9c. COUN		
Shady Grov	e Adve	ntist Ho	spital		Ro	ckville		1	Mo	ntac	mery
RESIDENCE OF DEC			L						110.		
10a. STATE	10b. COUNTY	,		10c. CITY, 1	TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
Maryland		Montgome	ry		Poo	lesville					1 YES 2 K NO
10e. STREET AND NUMBER					1	Of, ZIP CODE			10g. CITIZ	ZEN OF V	WNAT COUNTRY?
17325 Whit	aker R	oad				20837			Unite	ed S	tates
11. MARITAL STATUS		12. WAS DECEDEN				CENDENT OF NISPA			or No-	14. RACI	E — American Indian,
1 Never Married 2		FORCES? 1 IF YES, GIVE W				pecify Cuban, Mexica S 2 X NO Specify		can, etc.)		Speci	k, White, atc.
3 Wildowed 4 🕅 Divo	rced									Wh	ite
15. DEC (Specify only	EDENT'S EDU	CATION completed)	16a.	Give kind of wor life. Do NOT use r	SUAL OCCUPAT	TION nost of working	16b. I	KIND OF BUSI	INESS/INDI	USTRY	
Elementery/Secondary (0		College (1-4 or 5 +									
12		**		Office	Manage	r	F	Accoun	ting		
17. FATHER'S NAME (First, M						18. MOTHER'S NA			,		
Stanley		gle				Fred	la I.	Smith			
19a. INFORMANT'S NAME (7	Type/Print)			19b. MAILING A	DDRESS (Stree	and Number or Rural	Route Numbe	er, City or Town	, State, Zip	Code)	
Stanley D.	Slagl	е		13811	Arctic	Avenue,	Rocky	/ille,	Mar	ylan	d 20853
20a. METHOD OF DISPOSIT		auni danum Chata	20b. PLA	ACE OF DISPOSIT	ION (Name of o	emetery, crematory or		20c. LOC	CATION —	City or To	own, State
4 Donation 5 Other		Oval from Stata	Par	klawn M	emoria	l Park		Rock	ville	e, M	aryland
21. SIGNATURE OF FUNERA	L SEMPICE LIC	HNSER.			22. NAME	AND ADDRESS OF FA	CILITY RO	obert	A. P	umph	rey Funeral
D M.L.	10	Lock	o MOO	846	Home	/Rockvill	le, II	nc.			
20 2027 1 2000	1-1.	ACX X							_		le, Marylan
23. PART i. Enter the d shock, or h	eert feilure.	List only one ceu	ise on each	ilne.	t enter the n	tode of dying, suc	n ae cardi	ec or respir	atory arn	est,	Approximate Interval Between
IMMEDIATE CAUSE (Fir	nei	0			4	-+					Onset and Death
disease or condition resulting in deeth)	→	o. Nes	PILAT	ory	nrre	57					
		DUE TO	(OR AS A CON	NSEOUÊNCE OF):	,	1					4.
Sequentielly list condit	ions.	b. Pull	MCM CA	A G H	yper t	ension					4 years
Sequentielly list condit if any, leeding to imme	diete	b. Pull	OR AS A COM	ASEQUENCE OF):	yper t	usion					4 years
if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Inju	diete	c	(OH AS A CON	VSJEQUENCE OF J		ension					4 years
if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	diete ING Jry	c	(OH AS A CON	NSEQUENCE OF):		ension					4 years
if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or Inju	diete ING Jry	c	(OH AS A CON	VSJEQUENCE OF J		ension					4 years
if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	diete ING Iry	c	(OR AS A CON	NSEQUENCE OF):				24a. WAS AN /		248	b. WERE AUTOPSY FINDINGS
if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initieted events resulting in deeth) LAS	diete ING Iry	c	(OR AS A CON	NSEQUENCE OF):			Part i.	PERFOR	MED?	248	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initieted events resulting in deeth) LAS	diete ING Iry	c	(OR AS A CON	NSEQUENCE OF):			Part i.		MED?	248	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuthet initieted events resulting in deeth) LAS	diete ING Iry	c	(OR AS A CON	NSEQUENCE OF):			Part i.	PERFOR	MED?	248	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
if any, leeding to immer cause. Enter UNDEALY CAUSE (Disease or injuthet initieted events resulting in deeth) LAS	ent condition	c	(OR AS A CON	NSEQUENCE OF):	the underly	ing couse given in	Part i.	PERFOR	MED?	248	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
if any, leeding to imme cause. Enter UNDERLY: CAUSE (Disease or Injuthet Initieted events resulting in deeth) LAS PART II. Other signification. 25. WAS CASE REFERRED TEXAMINER?	ent condition	DUE TO d	(OR AS A CON	NSEQUENCE OF):	the underly 26. OTHER:	ing ceuse given in	Part I.	PERFORE 1 YES 2	MED?	246	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
if any, leeding to imme cause. Enter UNDERLY: CAUSE (Disease or Injuthet Initieted events resulting in deeth) LAS PART II. Other significations. 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO	ent condition	DUE TO d BE contributing to HOSPITAL: [X] Inpettent 2	(OR AS A COM	NSEQUENCE OF):	26. DTHER:	ing ceuse given in	Part I.	PERFORE 1 YES 2 (Specify)	MED?		D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
if any, leeding to imme cause. Enter UNDERLY. CAUSE (Disease or Injuthet Initieted events resulting in deeth) LAS PART II. Other signification. 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ent condition	DUE TO d	(OR AS A CON deeth but n	NSEQUENCE OF):	26. DTHER: Nursing H ORY 26.	PLACE OF DEATN (C) ome 5 Residence NUURY AT	Part I.	PERFORE 1 YES 2	MED?		D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
if any, leeding to immer cause. Enter UNDERLY CAUSE. (Disease or injuthet initieted events resulting in deeth) LAS PART if. Other signification. 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Accident	ent condition	DUE TO d	(OR AS A CON deeth but n	NSEQUENCE OF):	26. OF 26c. M 1	PLACE OF DEATN (C/	Part I.	PERFORI 1 YES 2 (Specify) CRIBE NOW IN	MED?	CURED	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
if any, leeding to imme cause. Enter UNDERLY. CAUSE (Disease or injuthet initieted events resulting in deeth) LAS PART II. Other significes 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2	ent condition	DUE TO d	(OR AS A CON deeth but n	NSEOUENCE OF):	26. OF 26c. M 1	PLACE OF DEATN (C/	Part i. 6 □ Other 28d. DESc.	PERFORI 1 YES 2 (Specify) CRIBE NOW IN	MED?	CURED	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
if any, leeding to imme cause. Enter UNDERLY. CAUSE (Disease or injuthet initieted events resulting in deeth) LAS PART II. Other significes 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide	ent condition O MEDICAL Pending investigation Could not be	DUE TO d	(OR AS A CON deeth but n	NSEQUENCE OF):	26. OF 26c. M 1	PLACE OF DEATN (C/	Part i. 6 □ Other 28d. DESc.	PERFORI 1 YES 2 (Specify) CRIBE NOW IN	MED?	CURED	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
if any, leeding to imme cause. Enter UNDERLY. CAUSE (Disease or Injuthet Initieted events resulting in deeth) LAS PART II. Other significations of the control of the cause o	ent condition O MEDICAL Pending Investigation Could not be detarmined	DUE TO d	(OR AS A CON deeth but n left) ER/Outpstien INJURY as, You'll (No control of the control of th	NSEOUENCE OF): NOT resulting in 28b. TiME 1NJUS	26. DTHER: Nursing H OF 26c. W 1 1	PLACE OF DEATN (Cr) one 5 Revidence NUURY AT VORK? VES 2 NO	Part i. 6 □ Other 28d. DESt 26f. LOCA City o	PERFORI 1 YES 2 (Specify) CRIBE NOW IN TION (Street a rown, State)	MED? NO NJURY OCC	or Aural	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
if any, leeding to imme cause. Enter UNDERLY. CAUSE (Disease or Injuthet Initieted events resulting in deeth) LAS PART II. Other significations of the control of the cause o	ent condition O MEDICAL Pending Investigation Could not be detarmined	DUE TO d	(OR AS A CON deeth but n left) ER/Outpstien INJURY as, You'll (No control of the control of th	NSEOUENCE OF): NOT resulting in 28b. TiME 1NJUS	26. DTHER: Nursing H OF 26c. W 1 1	PLACE OF DEATN (Cr) one 5 Revidence NUURY AT VORK? VES 2 NO	Part i. 6 □ Other 28d. DESt 26f. LOCA City o	PERFORI 1 YES 2 (Specify) CRIBE NOW IN TION (Street a rown, State)	MED? NO NJURY OCC	or Aural	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
if any, leeding to imme cause. Enter UNDERLY. CAUSE (Disease or Injuthet Initieted events resulting in deeth) LAS PART II. Other significations of the control of the cause o	ent condition O MEDICAL Pending Investigation Could not be detarmined TIFYING PHYS DICAL EXAMINE E OF CERTIFIE	DUE TO d	(OR AS A CON deeth but n left)	NSEOUENCE OF): NOT resulting in 28b. TiME 1NJUS	26. DTHER: Nursing H OF 26c. W 1 1	PLACE OF DEATN (Cr) one 5 Revidence NUURY AT VORK? VES 2 NO	Part i. 6 Other 28d. DESt 2er. LOCA City o	PERFORI 1 YES 2 (Specify) CRIBE NOW IN TION (Street a rown, State)	MED? NO NJURY OCC and Number	or Rural	D. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
if any, leeding to imme cause. Enter UNDERLY. CAUSE (Disease or injuthet initiated events resulting in deeth) LAS PART II. Other significations are successful to the signification of the significat	ent condition O MEDICAL Pending Investigation Could not be detarmined TIFYING PHYS DICAL EXAMINE E OF CERTIFIE	DUE TO d	(OR AS A CON deeth but n left)	NSEOUENCE OF): NOT resulting in 28b. TiME 1NJUS	26. DTHER: Nursing H OF 26c. W 1 1	PLACE OF DEATN (C) Ome 5 Residence NJURY AT YORK? YES 2 NO Itica	Part I. Beck only one G Other 28f. LOCA City of a to the ceute time, data	PERFORI 1 YES 2 (Specify) CRIBE NOW IN TION (Street a rown, State)	MED? NO NJURY OCC Ind Number Iner ea stat d dua to th	or Rural	D (Month, Day, Year)
if any, leeding to imme cause. Enter UNDERLY. CAUSE (Disease or injuthet initiated events resulting in deeth) LAS PART II. Other significations are successful to the signification of the significat	ent condition O MEDICAL Pending investigation Could not be detarmined TIFYING PHYS DICAL EXAMINITE OF CERTIFIE	DUE TO d. BE contributing to HOSPITAL: X Inpatient 2	(OR AS A CON deeth but n ER/Outpatien FINJURY ay, Your) Try knowledge examination and the find the find the finding the findi	NSEQUENCE OF): Not resulting in 28b. TIME (NUMBER) 28b. TIME (NUMBER) 28b. TIME (NUMBER) 28b. TIME (NUMBER)	26. DTHER: Nursing H OF 28c. M 1 eet, factory, oi	PLACE OF DEATN (C) Ome 5 Residence NJURY AT YORK? YES 2 NO	Part I. Beck only one G Other 28f. LOCA City of a to the ceute time, data	PERFORI 1 YES 2 (Specify) CRIBE NOW IN TION (Street a rown, State)	MED? NO NJURY OCC Ind Number Iner ea stat d dua to th	or Rural	D. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO Route Number,
if any, leeding to imme cause. Enter UNDERLY. CAUSE (Disease or Injuthet Initiated events resulting in deeth) LAS PART II. Other significations of the control of the cont	ent condition O MEDICAL Pending investigation Could not be detarmined TIFYING PHYS DICAL EXAMINE F PERSON WIN	DUE TO d. DUE TO d. HOSPITAL: 1% Inpatient 2 28a. DATE OF (Month, D) 28a. PLACE Of building, ICIAN: To the best of a	(OR AS A CON deeth but n left)	NSEQUENCE OF): NOT resulting in Not 3 DOA 4 28b. TiME INJUST At home, farm, atm	26. DTHER: Nursing H OF 26c. In my opinion	PLACE OF DEATN (Crome 5 Revidence NUURY AT VORK?) YES 2 NO	Part i. 6 Other 28d. DESC 26f. LOCA City of the ceute time, data a	PERFORI 1 YES 2 (Specify) CRIBE NOW IN ATION (Street a or Town, State)	MED? NO NO NUMBER NO NO NUMBER NO NO NO NO NO NO NO NO NO N	or Rural or Gaussia	D (Month, Day, Year) 21 , 1990
if any, leeding to imme cause. Enter UNDERLY. CAUSE (Disease or injuthet initiated events resulting in deeth) LAS PART ii. Other significe 25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	ent condition on MEDICAL Pending investigation Could not be detarmined TIFYING PHYS DICAL EXAMINI F PERSON WIN Rothe	DUE TO d. HOSPITAL: X Impatient 2	(OR AS A CON deeth but n left)	nsequence of: not resulting in not a DOA a 28b. Time Injust At home, farm, atm e, death occurred d/or investigation,	26. DTHER: Nursing H OF 26c. In my opinion	PLACE OF DEATN (C) Ome 5 Residence NJURY AT YORK? YES 2 NO	Part i. 6 Other 28d. DESC 26f. LOCA City of the ceute time, data a	PERFORI 1 YES 2 (Specify) CRIBE NOW IN ATION (Street a or Town, State)	MED? NO NO NUMBER NO NO NUMBER NO NO NO NO NO NO NO NO NO N	or Rural or Gaussia	D (Month, Day, Year) 21 , 1990
if any, leeding to imme cause. Enter UNDERLY. CAUSE (Disease or Injuthet Initiated events resulting in deeth) LAS PART II. Other significe 25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 OR CANDERS OF COMMENTER OF DEATH 29 Accident 3 Suicide 8 OR COMMENTER OF CERTONS 29b. SIGNATURE AND TITLE 30. NAME AND ADDRESS OR RUSSELL R.	ent condition on MEDICAL Pending investigation Could not be detarmined TIFYING PHYS DICAL EXAMINI F PERSON WIN ROTHE	DUE TO d. DUE TO d. HOSPITAL: 1% Impatient 2 28a. DATE OF (Month, D 28a. PLACE Of building, CIAN: To like best of a R COMPLETED CAU nberg, M 32. REGISTRA	(OR AS A CON deeth but n left)	nsequence of: not resulting in not a DOA a 28b. Time Injust At home, farm, atm e, death occurred d/or investigation,	the underly 26. DTHER: Nursing H OF 28c. I set, factory, of at the time, d in my opinion Print) Ver Ro	PLACE OF DEATN (Crome 5 Revidence NUURY AT VORK?) YES 2 NO	Part i. 6 Other 28d. DESC 26f. LOCA City of the ceute time, data a	PERFORI 1 YES 2 (Specify) CRIBE NOW IN ATION (Street a or Town, State)	MED? NO NO NUMBER NO NO NUMBER NO NO NO NO NO NO NO NO NO N	or Rural or Gaussia	D (Month, Day, Year) 21 , 1990

DHMH-16 Rev 1/89

	FOR STATE REGISTRAR	STATE OF M	IARYLAND /		TMENT				MENTA	L HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last) VICTORIA	4 M	Victor	ia N/	M. F	INN			2. DATE MONT	OF DEATH	79/9	Q _{EAR}	3. TIME OF DEATH
	911-00-11/0	5. SEX 1 M 2 F	6. AGE (In yrs. les 8 9	t birthday) YRS.	#F UNDER	DAYS	IF UNDER	MIN.	(Mont	OF BIRTH h, Day, Year)	_	B	ALTO Md.
LOR	9a. FACILITY NAME (If not institution, give stre Stella Maris Hospi				9b. CITY, TOWN OR LOCATION OF DEATH TOWSON, MD						imor		
DIRECTOR	10a. STATE 10b. COUNTY				y, town o	R LOCAT				-			10d. INSIDE CITY LIMITS? 1 PYES 2 NO
FUNERAL I	100. STREET AND NUMBER 3838 Roland Ave.					101	. zip coo	211					HAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried Widowed 4 Divorced 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				9	f yes, sp	ENDENT (colfy Cubic 2 1 NO	an, Mexica	n, Puerto	N? (Specify Yee Rican, etc.)	or No—	14. RACE Black, Specify	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	(Give kind of the Do NOT			work done o	furing mo	ON st of world	ing	160	Mill	inery		re
BE CON	17. FATHER'S NAME (First, Middle, Lest) Simon La	tonis		16. MOTHER'S NAME (First, Barbs						sumame) ceta			
TO B	19a. INFORMANT'S NAME (Type/Print) Dorothy Spector		19b. MAILING ADDRESS (Street and Number or Rural Route Number, of 6320 Greenspring Ave., Balt					er City or Rown, State, Zip Code) altimore, Md. 21209					
	20a. METHOD OF DISPOSITION P Burlal 2 Cremailon 3 Ramor 4 Donation 8 Other (Specify)		20b. PLACE other pl	of DISPO	e Gro	ove	netery, cree Ceme	tery			Ail		
	21. SIGNATURE OF FUNERAL SERVICE LICE Olin L.	Molesu	ath		(Olin	L.		SWOT	th, P.		Md.	20872
	23. PART I. Enter the diseases, or contains the container. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ist only one ceu	se on sach line	ic	GA:	the mo	de of dy	ing, auc	h as car	diec or reap	ratory arr	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions contributing to death but not resulting					derlyin	g cause	given in	Part I.	24a. WAS AN PERFOI 1 TYES 2	MED?	24b.	WERE AUTOPSY FINDINGS. AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2, NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHEF	₹:		DEATH (Ch		er (Specify)	Hosp	oice	
BY PHY	27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF (Month, D		28b. TII	ME OF JURY M	28c. IN. W0 1	PIK?	□ NO	28d. DE	SCRIBE HOW	NJURY OC	CURED	
	3 Suicide 8 Could not be determined	28e. PLACE C building,	of INJURY — At he etc. (Specify)	ome, farm,	streel, fact	ory, offic	a .			CATION (Street or Yown, State)		or Rural A	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER												and manner as stated,
BE	296. SIGNATURE AND TITLE OF CERTIFIER	4 ale	4an	de	ves	2		2708°			29d. DAT	5/9	(Marth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF DEATH (ITE	M 27) (Typ	e, Print)								

M.D.-Stella Maris Hospice-Dulanev Valley Rd. - Towson

Bondale

Carla S. Alexander,

MAY 11 1990

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21203-3146	ital or attending physi	for use as the buria	
MARYLAND	THE REAL PROPERTY.		PARTIES SAFE
BALTIMORE, MARTLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within at least after death. Page 6 may by entering or attending physical phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 1 of 10 of	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nather as not
b	rted within 24 hours aft	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	c event, the medica
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	of certificate be execu	tending physician and al Hygiene prior to bur	or other traumatic
RECORDS, 1	w requires that the dea	been signed by the at	3 shows any injury,
N OF VITAL	G PHYSICIAN: The la	er this certificate has	narked, or item 2:
DIVISION	PITAL OR ATTENDINE	IERAL DIRECTOR: Afti	IT: If item 28 is m
	TO THE HOS	TO THE FUN be filed with	IMPORTAN

1	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGII				
	1. DECEDENT'S NAME (First, Middle, Les	CROLL FRERE				2. DATE OF DEATH MONTH		year 3:00 a M		
	4. SOCIAL SECURITY NUMBER 213-38-2334	1 🗆 M 2 💢 F	78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, OCT. 5,	,	BIRTNPLACE (State or Foreign Country) MARYLAND		
- 1	P.O. BOX 185,	ABELL STREET			OR LOCATION OF DI NARDTOWN					
	10a. STATE 10b. COU			Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
- 1	P.O. BOX 185,	ABELL STREET		1	20650		USA	EN OF WHAT COUNTRY?		
2	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	IF YES, GIVE WAR OR DATES				NIC ORIGIN? (Specify in, Puarto Rican, etc.) y:		14. RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S E (Specify only highest gr. Elementary/Secondary (0-12)				done during most of working red.)			ISTRY		
BE COM	17. FATHER'S NAME (First, Middle, Lest) AUGUST CROLL	AIDDING, Last) 18. MOTNE ANN					CATION den Surname)			
2	ANN F. WARD	COND. #	15, GULF	PORT, M	MISS. 39501					
	20s. METHOD OF DISPOSITION 1\(\text{O}\) Burlei 2 \(\text{C}\) Cremation 3 \(\text{Removal from State}\) 4 \(\text{D}\) Donation 5 \(\text{O}\) Other (Specify) \(\text{C}\) 20s. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) QUEIN OF PEACE 22. NAME AND ADDRESS OF F.							MARYLAND		
-	23. PART I. Enter the diseases, p	Brushu	14	P.O.	BOX 279		TOWN, M	MD. 20650		
		a. Cardia		rman	Fail	Jung.	pepiratory arre	Approximate Interval Between Onset and Death		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
4	PART II. Other algnificant condit	clons contributing to death b	out not resulting	In the underlyi	ng cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATN (C)	heck only one)		N.A.		
HYSIC	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	HOSPITAL: 1 □ Inpetient 2 □ ER/Out; 28e. DATE OF INJURY	28b. TIN	E OF 28c. II	JURY AT	6 Other (Specify)	W INJURY OCC	CURED		
Ř	1 Natural 5 Pending Investigation 3 Suicide 6 Could not	28e. PLACE OF INJURY	/ — At home, farm,	M 1	VORK? YES 2 NO	28f. LOCATION (Str City or Town, S	set and Number of	or Rural Route Number,		
COMPLETED		IYSICIAN: To the best of my know		red at the time, da	ta and place, and du-			ed.		
	29b. SIGNATURE AND TITLE OF CENTR	2 Jan	M.	0	29c. LICENSE NU			e cause(a) and manner as stated. SIONED (Month, Day, Year) - 16-90		
	J. PATRICK JARE	BOE, M.D. ME	DICAL AR	*	., LEONAF	RDTOWN, M	ARYLAND	20650		
	MAY 16 '90	32 RÉGISTRAR'S SIGN	-handele			,				

- Charles - Carlotte

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending pit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	Howard		regerald	2. DATE OF DEATH	AY YEA	3. TIME OF DEATH		
			75 YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) (-/-/5		RTNPLACE (State or Foreign unitry) N.J.		
æ	9a. FACILITY NAME (If not institution, give street Peninsula General Ho			isbury, MD	DEATN	9c. COUNTY OF DEATH Wicomico			
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			N OR LOCATION					
DIRE	Md. Wonce	aten		Cean City		10d. INSIDE CITY LIMITS? 1 XYES 2 NO			
FUNERAL	100. STREET AND NUMBER 129 Clamshell	ก ส		10f. ZIP CODE	. 2	10g. CITIZEN OF WHAT COUNTRY?			
UNE	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U.	S. ARMED	2/84 3. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Ye	US/ n or No- 14. R	ACE — American Indian, lack, While, etc.		
BYF	1 Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, specify Cuben, Maxis 1 YES 2 NO Specific		1	pecify:		
TEO	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION 16 npleted)	a. DECEDENT'S USUAL (Give kind of work do	ne during most of working	16b. KIND OF BU	SINESS/INDUSTR	White		
PLE	Elementary/Secondary (0-12)	Collage (1-4 or 5+)	CoLon A		Paint	& Chemi	ical		
COMPLETED	17. FATNER'S NAME (First, Middle, Last) Frank W. Fitz	canald			NAME (First, Middle, Melden	Sumame)			
BE	19a. INFORMANT'S NAME (Type/Print)	zenaza	19b. MAILING ADDR	ESS (Street and Number or Rura	y Nelson I Route Number, City or Tox	vn. State, Zip Code)		
5	Constance D. Fi	tzgenald		amshell Rd. (Name of cemetery, cremetory or					
	20a. METHOD OF DISPOSITION 1	from State 20b. PL	DACE OF DISPOSITION	(Name of cometery, cremetory or	20c. LC	CATION — City o	r Town, State		
	21. SIGNATISTE OF FUNERAL BETWICE LICEN	nex	Jucosoung	Crematory 22. NAME AND ADDRESS OF J	FACILITY	oacisour	l. M		
	· Jake Culh	1		ULLRECH F	uneral nome	2. Dewn	Lin, Mad.		
	23. PART 1. Enter the diseases, or con ahock, or heart failure. Lia			ter the mode of dying, so	ich as cardiac or resp	iratory srrest,	Approximate interval Between		
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	LIVER C.	ANCER				3 months		
	DUE TO (OR AS A CONSEQUENCE OF):								
TION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
FICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CO							
CERTIFICATION	resulting in desth) LAST								
AL C	PART II. Other significant conditions of			underlying cause given		N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC	Advanced	Parkinso	MZIN		1 X YES		OMPLETION OF CAUSE OF DEATH?		
I: ME					—		1 TYES 2 NO		
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	OTH	26. PLACE OF DEATH (Check only one)				
HYSI	1 YES 2 NO 1	Inpettent 2 ER/Outpette		Nursing Nome 5 Residence	8 6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCURE	D		
ВУ РІ	Natural 5 Pending Investigation	(Month, Day, Year)	INJURY	WORK? 1 YES 2 NO					
	3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street,	factory, office	26f. LOCATION (Street City or Town, State		iral Route Number,		
COMPLETED	000)	N: To the best of my knowled On the basis of examination a					ree(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER STAMP G.	WEIMERM	MO	29c. LICENSE N	6809	29d. DATE \$1G	NED (Month, Day, Year) /12/90		
5	30. NAME AND ADDRESS OF PERSON WHO C	URNAMIAN,	N (ITEM 27) (Type, Print)	D30	ISION St.	, salis	5424		
10	MAY 14 90	32. REGISTRAR'S SIGNATU	URE Pandale						

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DHMH-18 Rev 1/89

TO BE COMF	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
il examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Val.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within actions after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND	MENTAL HYGIENE				
	1. DECEDENT'S NAME (First, Middle, Last)	BESSIE DI		NTROY	2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 579-56-4051 99. FACILITY NAME (If not institution, give str	5. SEX 6. AGE (1	in yrs. last birthday) IF U	IDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 6/1/10	a. BIR			
TOR	9200 Edwards V			Adelphi	EATH	Prince Georges			
DIRECTOR	10a. STATE 10b. COUNTY	nce George		vn or location		10d. INSIDE CITY LIMITS7 1 YES 2 \(\square\) NO			
FUNERAL	100. STREET AND NUMBER 9200 Edwards			10f. ZIP CODE 20783		10g. CITIZEN OF WHAT COUNTRY? USA			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	ed 2 Merried FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexicon, Puerto Ricon, etc.) 1 YES 2 NO Specify:				
ETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir	one during most of working	16b. KIND OF BUS	INESS/INDUSTRY			
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)	3	Clerk	Federal		nment			
	Arthur	Dunn		Franc		McCov			
BE (190. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street end Number or Rural			20743		
2	Benjamin F. Fa	antroy	1002 5	9th Ave., F	airmont H	leights			
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remark 4 Donation 5 Other (Specify)	oval from State	other place)	(Name of cometery, cremetory or shington Ce	100	elphi.			
	21. SIGNATURE OF TUNERAL SERVICE US	Burney Oc	rneel	22. NAME AND ADDRESS OF F	CILITY		AL HOME		
	KENDALL BUI	RNEY WNCII		254 Carroll	St., N.W	I., Was	sh.DC.20012		
	IMMEDIATE CALIFE (Final	List only one ceuse on e	ach line.				Approximate Interval Between Onset and Death		
CERTIFICATION	disease or condition resulting in death) Due to (or as a consequence of): Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):								
MEDICAL C	PART II. Other significant condition	s contributing to death b	out not resulting in th	e underlying cause given in	Part I. 24a, WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PLACE OF DEATH (C	theck only one)				
IXS	1 VES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA 4	Nursing Home 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW II				
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	290, DESCRIBE NOW II	NJURY OCCURE			
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, ferm, street	, fectory, office	281. LOCATION (Street a City or Town, State)	and Number or Ru	ral Floute Number,		
COMPLET	(Critical Orly)			the time, date and place, and du my opinion, death occured at th			se(s) and menner se stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIED	Ly mo		29c. LICENSE NO	29d. DATE SIGN	NED (Morph, Dey, Year)			
10	30. NAME AND ADDRESS OF PERSON WH		eath (ITEM 27) (Typo, Prin 9534 CK	Pain Hury C	mer more	Ibero,	MO 21772		
	MAY 21 '90	32. REGISTRAR'S SIGN	NATURE Randell				9 1		

IMPORTANT: II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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MAY 2 9 1990

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		ITMENT OF I		ENTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	WILLIAM	JOHN	FLY		2. DATE OF DEATH DA MONTH DA 1	990	11:50 A M	
0	578-24-7098	© 1 2 □ F 6	n yrs. lest birthday) 8 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1 0 - 2 0 - 2 1		BIRTHPLACE (State or Foreign country) DC	
TOR	9a. FACILITY NAME (If not institution, give street Memorial Hospital RESIDENCE OF DECEDENT		nter	96. CITY, TOWN OR LOCATION OF DEATH Cumberland			9c. COUNTY OF DEATH Allegany		
DIRECTOR	10a. STATE 10b. COUNTY MD Montgo	mery		v, town or local		-		10d. INSIDE CITY LIMITS? 1 YES 1 NO	
Y FUNERAL	I Maret married 2V Tamerried	I U.S. ARMED 2 NO ITES	13. WAS DE	2 0 8 1 5 CENDENT OF HISPANI Decify Cuban, Mexican, 3 2 NO Specify:	C ORIGIN? (Specify Yes Puerto Ricen, etc.)	or No.— 14.	OF WHAT COUNTRY? S.A. RACE — American Indian, Black, White, etc. Specify:		
COMPLETED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCATI (Specify only highest grade corr Elementary/Secondary (0-12) 1 2	IF YES, GIVE WAR OR DATES WW II DUCATION de completed) College (1-4 or 5 +) Salesn Salesn			ON ost of working	16b. KIND OF BUS	siness/industruction		
BE CON	17. FATHER'S NAME (First, Middle, Last) Michael W. F	lynn				B. Dunl			
2	190. INFORMANT'S NAME (Type/Print) Susan F. McLaug	hlin	C.3.2. 1.5. 111			Gap, MI			
	20s. METHOD OF DISPOSITION 1	from State	other place)	le Fun	emetery, cremetory or 2 ral Hom NO ADDRESS OF FAC		cation — chy	urg, WV	
	James 7. A	cap		108	Virgini	a Avenue	Cumb	erland, MD	
	23. PART I. Enter the diseases, or com- shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth)				ode of dying, such		iratory arrest,	Approximate Interval Batween Onset and Daeth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 VID 1 YES 2 NO								
SICIAN		OSPITAL:	entient 3 🗆 DOA	OTHER:	PLACE OF DEATH (Che				
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		M 1	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		street, factory, off	ice	281. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLETED	CONSUM OTHY	N: To the best of my know On the bests of examination						suse(e) end manner ee stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER PLEASE	Halm	1	MO	DO /	4P	29d. DATE SI	CNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Shreetha Memorial Hospital Cumberland, MD. 21502								, ,	

32. REGISTRAR'S SIGNATURE

Entra "

11

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO						
1. DECEDENT'S NAME (First, Middle, Last)		_		2. DATE OF DEATH MONTH D	3. TIME OF DEATH					
ES	LEY LEE	-	lemina	may 1	8 1991	1333 M				
4, SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In y		UNDER 1 YEAR JE UNDER 24 HRS.	7. DATE OF BIRTH	6, BIF	THPLACE (State or Foreign				
228-19-1219	1 M 2 D F 71	Y YAS. MO	NTHS DAYS HOURS MIN.	Dec. 16.		RGINIA				
9e. FACILITY NAME (If not institution, give st	met and number)	OL 96	CITY, TOWN OR LOCATION OF		9c. COUNTY OF					
		1 2								
Peninsula General	Hospital		Salisbury, MI)	l Wice	omico				
100. SWARYLAND 106. COUNTY	,	10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY				
N	MACK CO					1 X YES 2 NO				
VIRGINIA ACCO	MACK CO.	<u>K</u>	POCOMOKE CITY			14				
104. STREET AND NUMBER			10f. ZIP CODE		110 / 1905	F WHAT COUNTRY?				
503 Market Str			21 851		U.S.					
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U. FORCES? 1 V YES		13. WAS DECENDENT OF HISP/ If yes, specifit/Cuben, Mexic		or No — 14. RA	ACE — Americen Indien, ack, White, etc.				
1 Never Merried 2 Merried 3 V Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 YES 2 NO Spec			ecity:				
3 Wildowed 4 Divorced	X		<u> </u>			White				
15. DECEDENT'S EDUC (Specify only highest grade	CATION 16 completed)	6a. DECEDENT'S USI (Give kind of work	JAL OCCUPATION done during most of working tired.)	16b, KIND OF BU	SINESS/INDUSTRY	,				
Elementary/Secondery (0-12) 9th.	College (1-4 or 5+)		tired.)	Conotin						
9th.	C	arpenter		Constr	uction					
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	IAME (First, Middle, Maiden	Sumeme)	-				
Hanny 1 Flow	14 10 m		Anna	a May Gorsw	ellen					
Harry J Flem 190. INFORMANT'S NAME (Type/Print)	unig.	19b. MAILING AD	DRESS (Street and Number or Rura							
Horace Fleming			rview Drive	Dover, De						
298. METHOD OF DISPOSITION	20h B		ON (Name of cemetery, cremetory or		CATION — City or	Town State				
1 A Buriel 2 Cremetton 3 Reme	avent dans on Chart-	ther place)								
4 Donation 6 Other (Specify)		COMORE 1	st Baptist Cen	letery Poc	OHOKE C	LONE				
21. SIGNATURE OF FUNERAL SERVICE LIC	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FOX FUNERAL HOME									
>YI. Dale Ston	6		U.S. Rt. 13	3 Temper	ancevil	le, VA 23442				
23. PART I. Enter the diseasea, or o	omplications that caused the	ha daath. Do not	enter the mode of dving, eu	rch es cerdiec or reep	iratory errest.	Approximata				
	List only one ceuse on aeci				<i>-</i>	Interval Between				
IMMEDIATE CAUSE (Fine)	72	1 -		7/	16	Onset and Death				
resulting In death)	a. / (-1/2)	10010	on just	ive HER	-1/4	1				
	DUE TO-OR AS A C	ONSEQUENCE OF):	0	- 10		4				
Sequentially list conditions,	a coms	restue		2DIO	Zape					
if any, leading to Immediate	DUE TO (OR AS A G	PNSEOUENCE OF):			0 -					
CAUSE (Disease or Injury	с									
thet initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):								
resulting in death) LAST	d									
PART ii. Other significent condition	a contributing to death but	not resulting in t	he underlying cause given i	n Part I. 24s. WAS AF	ALTTOPSY	24b. WERE AUTOPSY FINDINGS				
January States			are underlying coupe given i	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
				1 _ YES	2 1 NO	OF DEATH?				
	 					1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1 -	28. PLACE OF DEATH (Check only one)						
1 TES 2 NO	1 Inpatient 2 ER/Outpati		THER: Nursing Home 5 Residence	e 8 🗆 Other (Specify)						
27, MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME C	PF 28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED)				
1 Natural 5 Pending	(INOTAIN, Day, rear)	Moon	M 1 YES 2 NO							
2 Accident	26e. PLACE OF INJURY -		et, factory, office	26f. LOCATION (Street	end Number or Ru	rai Route Number,				
4 Homicide 6 Could not be	building, etc. (Specify)		City or Town, State)					
29e. CERTIFIER										
(Check only			it the time, dete and place, end d							
2 MEDICAL EXAMINE	:H: On the basis of examination e	end/or investigation,	in my opinion, death occured at t	he time, date end place, e	nd due to the ceu	se(a) and menner ee ataled.				
29b. SIGNATURE AND TITLE OF CERTURE	///		29g. LICENSE N	UMBER	29d. DATE SIGN	NED (Month, Day, Year)				
7/14	10		120	441	MAV	21.1990				
30 HAME AND ADDRESS OF PERSON WH	30 HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATHATTEM 27) (Type, Print)									
31. OATE FILEO (Month, Day, Year)	JOSEPH 1 32. REGISTRAR'S SIGNAT	VAFET	10 M.D. SI	7/15BUK	ex, Ino	,21801				
MAY 2 2 '90	Julia Davidso	n-Randell								



DALIMONE, MARTLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Ξ	De rett	e 5 s	not
Ę,	may b	c pag	st be
5	9 90	rector	E I
2	h. Pa	eral di	nine
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	hours	ed In	E
	In 24	ely fill	the
ó	with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fleet within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	vent
3	scuted	nd co. burial,	ulic e
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DIVISION OF VITAL MECONDS, P.O. BOA 13149,	cate	physic ne pric	er tr
5	certifi	ding p	oth o
7.	death	atten	7, 0
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ב	quire	on sign	NOW
Y	aw re	s bee	23 st
A	The state of	ate Da	E
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2	LEND	OR: A	.00
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	10	5 ad	H

- ,													90	149	05
	FOR STATE REGISTRAR		STATE OF N	MARYLAND /			T OF H			MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE MONTH									OF DEATH		YEAR	3. TIME OF DEA	ATH	
		ZACHA	RIAH MO	RGAN FO	WLER	, SR				MA		, 19		5:25	P. M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDE		IF UNDER			OF BIRTH		8. BIRTHE	PLACE (State or	Foreign
	220-14-8186 1⅓™2□F			94	YRS.	MONTHS	DAYS	HOURS	MIN.		CH 10,1	896	MAI	RYLAND	
	9e. FACILITY NAME (If not institution, give street and number)					9b. CIT	r, TOWN O	R LOCATI	ON OF DE				TY OF DE		_
H	ST. MARY	'S NUR	SING CEN	TER			LEON	ARDT	OWN				ST. I	MARY'S	
DIRECTOR	RESIDENCE OF DEC	EDENT							01121					HIRL U	
R	10a. STATE	10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CIT LIMITS?	ΓY
	MARYLAND		MARY 'S			CHA	PTIC	0						1 YES 2 X	ON []
AL	10e. STREET AND NUMBER						10f.	ZIP COD	E			10g. CITIZ	ZEN OF W	HAT COUNTRY?	
FUNERAL	ZACH FOW	LER RO	AD					2062	1				USA		
5	11. MARITAL STATUS	FORGERS 4 17 MEG A									N? (Specify Yar Rican, etc.)	or No-	14. RACE Black.	- American Inc. White, etc.	dlen,
ВУ	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE W						Specify		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Specify	y:	
	21.		1	1								1		HITE	
1	(Specify oni	EDENT'S EDU y highest grade	completed)	(G	ive kind of Do NOT u	work done	during mos	et of working	ng	16	b. KIND OF BU	SINESS/IND	USTRY		
ĽE	Elementary/Secondary (I	0-12)	College (1-4 or 5	+)							DM ATT	CDACE	DW C	TODE	
COMPLETED	11 OWNER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME							_	ETAIL		KY 5	TUKE			
		Part II	מים ח					100		- '		Surname)			
8	ZACHARIAH M. FOWLER MARTHA B. 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Burnl Route Num														
2	19a. INFORMANT'S NAME (Type/Print) ANN F. LAWRENCE STAR ROUTE, BOX 78, BUSHWOOD, MARYLAND 20618														
	20a. METHOD OF DISPOSIT			20b. PLACE						USHV		CATION —			
	PD Buriel 2 Crematic	on 3 Rem	noval from State	other pl	J. Jo	, , ,		netery, crer	natory or						
	21. Start Chine OF FUNDA		denses /	1 A	. JU			ID ADDRE	SS OF FAC	CHITY	IOM	KGANZ	A, MA	ARYLAND)
	FARITA. III	W/K	1:	// ////							RAL HON	Æ, P	.A.		
	envace 1	1. X1	mpul	410							CONARD			20650	
	23. PART I. Enter the diseases, or completions that caded the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.														
	IMMEDIATE CAUSE (Final													Onset a	nd Death
	disease or condition resulting in death)											Wec.	Es		
	DUE TO (OR AS A CONSEQUENCE OF):														
Z	Sequentially flat conditions.														
ERTIFICATION	If any, leading to immediate														
2	cause. Enter UNDERLY CAUSE (Disease or inju		C.	(OR AS A CONSE	OHENOE C									-	
E	that initiated events resulting in death) LAS	т	002 10	(OH AS A CONSE	DUENCE C	n-):								İ	
CEF	d.														
	PART II. Other algnifica		na contributing to	death but not	reaulting	in the u	ndariying	cause	given in	Part I.	24s. WAS AN		24b.	WERE AUTOPSY	
2	Senil.	e	emei	ntia							1 TYES			AMAILABLE PRIC COMPLETION OF OF DEATH?	
AEC														1 YES 2	NO
-															
A	25. WAS CASE REFERRED T	O MEDICAL					26. PL	ACE OF C	DEATH (Ch	eck only o	one)				
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	4 NA		6 5 A	esidence	a 🗆 Ott	er (Specify)				
PHYSICIAN: MEDICAL	27, MANNER OF DEATH		28a. DATE OF		28b. Til	AE OF	28c. 1NJ	URY AT			SCRIBE HOW	INJURY OC	CURED		
ВУ Р		Pending Investigation	(Month, L	Ally, Yeller)	IIN	JURY	1 🗆 1	PRK?] NO						
DB	2 Accident 3 Suicide	Could not be	28e. PLACE C	OF INJURY — At he	ome, farm,	street, te	tory, office			281. LO	CATION (Street	and Number	or Rural R	loute Number,	
TE	4 Homicide	determined	bullang,	atc. (Specify)						Cit	y or Town, State	,			
COMPLETE	29a. CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the best of	my knowledge de	ath occur	red at the	time, date	and place	and due	to the o	sussis) and me	ODer 24 200	ed.		
ME	and and		ER: On the basis of a											and menner as	stated.
_	29b- BISMATURE AND TITLE								ENSE NU						
BE	D 4	1	\sim \sim	6				7		T2	30	D Z	E SIGNED	-3/9	()
2	30. NAME AND ADDRESS O	F PERSON WI	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (7)(n)	e Print)		9					1	-//	

115 WASHINGTON STREET, LEONARDTOWN, MARYLAND 20650



DAVID C. ALLEN, M.D.,

32. REGISTRAR'S SIGNATURE
Likia, Davidson-Randalle

31. DATE FILEO (Month, Day, Year)
MAY 2 4 '90

17 V L L 1/1/2

BALTIMORE, MARYLAND	THE MISSIAN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a safter death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	s afte	nied in by the	the medical
13146,	recuted within	and completery burial, cremat	atic event, i
D. BOX	ertificate be e	ing physician rgiene prior to	other traum
DS, P.C	t the death c	by the attend	Injury, or
RECOR	v requires tha	been signed t. of Health a	shows any
VITAL	CIAN: The law	ertificate has the State Dep	or item 23
ON OF	NDING PHYSI	: After this c	is marked,
DIVISI	IN OR ATTER	AL DIRECTOR	If Item 28
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PATE HOS	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the ibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burdal, cremation, or removal.	IMPORTANT:

	1 - FOR STATE REGISTRAR		TMENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE							
	1. DECEDENT'S NAME (First, Middle, Last)	0	1	2. DATE OF DEATH	3. TIME OF DEATH						
	GERRGE	K FIE	HERTY	MONTH DAY (5 - 8 - 90)	YEAR 1/25 M						
	4. SOCIAL SECURITY NUMBER 5. SEX	5. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign						
	579-58-6631 1XM2	☐ F 45 YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year) May 20, 1944	Washington. D.C						
	9e. FACILITY NAME (If not institution, give street and num	per)	96. CITY, TOWN OR LOCATION OF D		TY OF DEATH						
8	LELAND MEM	ORIAL HOSP	KIVERDAL	e 1/01	ne Glorge						
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	1 100 000	, TOWN OR LOCATION	14.50	10d. INSIDE CITY						
DIRECTOR	Maryland Prince Geo		eenbelt		LIMITS?						
0	10s. STREET AND NUMBER	1800	10f. ZIP CODE	10c CITI2	1 YES 2 X NO						
RA			20770	100	U.S.A.						
BY FUNERAL	5 Woodland Way 11. MARITAL STATUS 12. WAS DE	CEDENT EVER IN U.S. ARMED			5 • A •						
E	1 X Never Merried 2 Merried FORCES	37 1 YES 2 NO GIVE WAR OR DATES	If yes, specify Cuben, Mexico	en, Puerto Rican, atc.)	Black, White, atc.						
	3 Widowed 4 Divorced	WITE THIN ON DATES	1 TYES 2 NO Specif	у.	White						
<u> </u>	16. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S I	USUAL OCCUPATION work done during most of working	16b. KIND OF BUSINESS/INDI	JSTRY						
	Elementary/Secondary (0-12) College (1-	We Do NOT us	e retired.)								
MP	12	HUD		U.S. Governm	ent						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		The state of the s	AME (First, Middle, Meiden Sumeme)							
BE	George R. Flaherty			ce E. Pett							
2	19e. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Rural								
-	Rose M. McChesney		ranklin Ave., Seabrook, MD. 20706								
	20a. METHOD OF DISPOSITION 1 D Burlel 2 Cremation 3 Removal from St	ate other place)	ITION (Name of cemetery, cremetory or	20c. LOCATION — C							
	4 Donation 5 Other (Specify)	Cedar H	ill Cemetery 22. NAME AND ADDRESS OF FA	Suitland							
<	8 9	.1			Suitland, Rd.						
	- Douga Al	Mary	Robert E. WI	lhelm,Inc. Suit	land, MD. 20746						
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only or	ns that caused the death. Do n	ot anter the moda of dying, suc	ch as ceffiliac or respiratory arre	Approximata Interval Batween						
	IMMEDIATE CAUSE (Final Onset and Death										
	disesse or condition resulting in death)	· and indicating them									
		DUE TO (OR AS A CONSEQUENCE OF)									
N N	Sequentially list conditions, Due to on as a consequence on:										
F	If any, leading to immediate cause. Enter UNDERLYING										
FIC	CAUSE (Disease or Injury that initiated evants	DETO (OR AS A CONSEQUENCE OF	2 11 111	.D. A	M						
CERTIFICATION	resulting in death) LAST	chille N	mummy	when som	/ "(
빙											
A	PART II. Other significant conditions contribut	ing to death but not resulting i	n the underlying cause given in	Part I. 24s. WAS AMAUTOPSY MERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO						
음	THE STATE OF THE S	V 35		1 TYES 2 5 MG	OF DEATHY						
MEDI	MARTINA	27.4			1 🗆 YES 2 🖂 NO						
ÿ	Chinal	e									
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA	AL:	35. PLACE OF DEATH (C)	heck only one)							
PHYSICIAN:	-	el 2 🗆 ER/Outpatient 3 🗆 DOA	4 ☐ Nursing Home 5 ☐ Residence								
	27. MANNER OF DEATH 28s. O	ATE OF INJUNY 25b. TIME forth, Day, Year) INJ	URY WORK?	28d. DESCRIBE HOW INJURY OCC	UNED						
B	2 Accident Investigation	ACE OF MANNY AND AND AND AND AND AND AND AND AND AND	M 1 YES 2 NO								
유	3 Suicide 8 Could not be b b										
COMPLET	29 CERTIFIER										
MP	theck only 1 GERTIFTING PHYSICIAN: 10 the	e to the cause(s) end manner as state									
8	2 MEDICAL EXAMINER: On the ba	is of examination end/or investigation	n, in my opinion, death occured at the	e time, date and place, and due to the	s ceuse(e) end manner ee stated.						
BE	29H SHOWNTUNE AND TITLE OF CENTIFIEN	7011/ / 1 0	29c. LICENSE NU	MBER GA 29d. DATE	SIGNED MOTHER POY, YOUT)						
TO		NAUVUA	1001	T							
	30. NAME AND ADDRESS OF PERSON WHO COMPLETO	D CAUSE OF DEATH (ITEM 27) (Type,	Print)								
	31 DATE EN ED (Month Day Mar)	CICTUADIC CICNATURE									
	31. DATE FILED (Month, Dey, Year) 32. RE	GISTRAR'S SIGNATURE									

BY FUNERAL DIRECTOR

BE COMPLETED

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

0

27. MANNER OF DEATH

1 Natural
2 Accident
3 Suicide

4 Homicide 290. CERTIFIER

										70	, [-) (
FOR STATE REGISTRAR	STATE OF N			TMENT OF								
1. DECEDENT'S NAME (First, Middle, Last	n		CHILIF	CATE U	DEA	П	2, DATE OF	REG. NO),		3. TIME OF	DC ATU
JACK	FERGUS	ion ,	SR.				MONTH 05	0	7	90	4:03	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YEAR		R 24 HRS.	7. DATE OF	BIRTH Day, Year)		6. BIRTH Countr	PLACE (State	or Foreign
277-01-2198	1 X M 2 🗆 F	95	YRS.	MONTHS DAYS	HOURS	MIN.		16 18	394		" liana	
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	OR LOCAT	ION OF DE	ATH		9c. COUN			
Prince Georges I	Hospital			Ch	everl	У			Pri	nce	Georg	es_
10e. STATE 10b. COUN	ITY		10c. CITY	r, TOWN OR LO	ATION						10d, thSIDE	CITY
Maryland Pr:	ince Georg	es	Hy	attsvi	lle						1 X YES 2	
10e. STREET AND NUMBER					10f. ZIP CO	DE			10g. CITIZ	ZEN OF V	VHAT COUNTR	IY?
5117 72nd Pl.						2078	4			U.S.	.A.	
11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.S. A	RMED	13. WAS D	ECENDENT	OF HISPAN	IIC ORIGIN?	GIN? (Specify Yea or No. 14. RACE —				- American Indien,
1 Never Married 2 Merried FORCES? 1 X YES 2 NO				If yes,	specify Cub	en, Mexica	n, Puerto Ric	en, etc.)		Speci	C, White, etc.	
B Widowed 4 Divorced	WWI				LO IA	у ороспу	•			apeci	Cauc.	
15. DECEDENT'S Et (Specify only highest gra	UCATION	16a. D	ECEDENT'S	USUAL OCCUPA	TION	eler er	16b. K	IND OF BL	ISINESS/IND	USTRY		
Elementery/Secondery (0-12)	College (1-4 or 5 +) #	e. Do NOT us	vork done during e retired.)	most or work	ung						
11+	0		Printe	er				Govt	. Prir	ntin	g Offi	ce
7. FATHER'S NAME (First, Middle, Lest)					18. MO	THER'S NA	ME (First, Mic					
Francis M. Fe	rguson				l F	Eldor	a Ph	illit	os			
90. INFORMANT'S NAME (Type/Print)		11	96. MAILING	ADDRESS (Street						Code)		
Ruth Ferguson			5117	72nd F	1. Hs	atts	ville	MD 2	20784			
Ruth Ferguson 5117 72nd P1. Hyattsville, MD 20784 20g_METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place) 20c. LOCATION - City or Town, so other place) 20c. LOCATION - City o							wn, State					
☑ Donatton 5 ☐ Other (Specify)	moval from State	FOI	rt Li	ncoln Cemetery Bre					entwoo	od M	arylan	d
1. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1					Funer			,	7	
· Prol	1000	1.1.	_									
nelan	id T	nai	2	_		_			nham,		20706	
23. PART Enter the diseases, o ahock, or heart failure	r complications the	se on each lin	im.			-			olratory arm	est,		ximata
IMMEDIATE CAUSE (Final		} ~~		" Visit "								and Dee
disease or condition	MELSSIN	e ce	e C	ordia	L AV	rest						
readiting in deating	DUE TO	OR AS A CONSE	EOUENCE OF	F):		_						
	- mass	ive c	ereb	ral vo	scul	0/ 0	1000	0.				
Sequentielly list conditions, if eny, leeding to immediate	DUE TO	OR AS A CONSE										
cause. Enter UNDERLYING												
CAUSE (Disease or Injury thet initiated events	DUE TO	OR AS A CONSE	EOUENCE OF	F):								
resulting in deeth) LAST	d											
PART II. Other algnificent conditi	one contributing to	desth but not	resulting	in the underly	Ing cause	given in	Part I. 2	4a. WAS A	N AUTOPSY	24b	. WERE AUTOP	SY FINDING
									RMED?		AVAILABLE P	
				_			_	1 TYES	Z W NO		OF DEATH?	
							_				1 YES 2	□ NO
										\perp		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF	DEATH (Ch	eck only one)					
1 TES 2 NO	1/ Inpetient 2	ER/Outpatient	3 DOA	4 Nursing H	ome 5 🗆 I	Residence	6 Other	(Specify)				

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D35386 MD) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Kenilworth S. MARIN 6570 Ave Suite 2400 JANET

28c. INJURY AT WORK?

1 YES 2 NO

28b. TIME OF INJURY

28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify)

31. DATE FILED (M9990)

5 Pending Investigation

6 Could not be

M.D 32. REGISTRAR'S SIGNATURE

28a. DATE OF INJURY (Month, Day, Year)

28d. DESCRIBE HOW INJURY OCCURED

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Took! of

No. 1 to 10 miles and 10 miles

6.5

*

11

DHMN-16 Rev 1/89

BAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A murs after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera		season research to the monday of from 23 shows any fallow or other traumatic event the medical evant.
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		filled	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ho
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>	AN	tific	Se	No. of
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ING	After	leath	i
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for 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AN		HYGIENE REG. NO.					
1. DECEDENT'S NAME (First, Middle, Les	Jane G. Er:	isel 169 C		2. DATE O MONTH		3. TIME OF DEATH				
4. SOCIAL SECURITY NUMBER 578 66 7886	1 DM 2 F	YRS. MOH		III. (Month,	Day, Year) 2-6/08	BIRTHPLACE (State or Foreign Country) ARK				
9a. FACILITY NAME (If not institution, give	o street and number)	Line Parts	ROCICU	1 // E	M) ROP	of DEATH 1 tomery				
~ I	10s. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION Washington						
100. STREET AND NUMBER	ticut Ave., N	W	101. ZIP CODE 20008			10g. CITIZEN OF WHAT COUNTRY?				
10e. STREET AND NUMBER 4550 CONNEC 11. MARITAL STATUS 1 Never Married 2 Married 3 SWidowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	N U.S. ARMED	13. WAS DECENDENT OF N If yes, specify Cuban, N 1 YES 2 X NO	(Specify Yea or No— 14. can, etc.)						
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	DUCATION ide completed) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use re-	IAL OCCUPATION done during most of working lired.)	5.02	KIND OF BUSINESS/INDUST	RY				
M M M	4	Acc	ountant		. S. Govern	ment				
	owell Gurley		200		odle, Maiden Sumame) n1a Lane					
19. INFORMANT'S NAME (Type/Print)	onorr during	19b. MAILING AD	DRESS (Street and Number or			de)				
Anthony Mello (f	riend)	8085 н	illrise Cour	t, Elkr	idge, MD 21	227				
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specily)	Other place) Uniformed Services 4 Nonation 5 Other (Specify) University of the Health Sciences, Bethesda, MD									
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE SALL	OID	22. NAME AND ADDRESS Capitol Falls Ch	Funeral						
23. PART I. Enter the diseases, Despet faller	or complicetions that ceuse e. List only one ceuse on s					, Approximats Interval Between				
IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	IMMEDIATE CAUSE (Final disease or condition Source									
Sequentielly list conditions,										
Sequentielly list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	CAUSE (Disease or Injury that initiated events CAUSE (Disease or Injury that initiated events									
	PART II. Other significant conditions contributing to dasth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FR									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 The 27. MANNER OF DEATH 27.					PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	EXAMINER? HOSPITAL: V. VALVE OTHER:									
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT WORK? M 1 YES 2 N		CRIBE NOW INJURY OCCUR	ED				
	building, atc. (Spe	Y — At home, farm, streed cify)	et, factory, office	28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)						
S cool	YSICIAN: To the best of my know					suse(s) and manner as stated.				
296. SIGNATURE AND TITLE OF CERTIF	· · · ·	Werch	29c. LICENS	E NUMBER	29d. DATE S	IGNED (Month, Day, Year)				
KHI	ANEX	EATN (ITEM 27) (Type, Pri	TERU	. 6	1520 0	orders One				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S ŠIGI	VATURE		0	empero	tur, MD. 200				

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BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

ITEMS:23 thru 28f per ME G-664

1 - STATE REGISTRAR		SIAIE UF W	IARYLAND / Ce			NI UF H			VIEN IAL	. HYGIEN REG. NO.	-			
1. DECEDENT'S NAME (First,	Middle, Las	t)								OF DEATH		2	3. TIME OF DEATH	
Dav	hir	John		Fı	ranc	gowlal	cis		MONTH 5	5	/A	YEAR	3:00 P M	
4. SOCIAL SECURITY NUMBER	700 404	5. SEX	6. AGE (In yrs. les			DER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			20	PLACE (State or Foreign	
220-52-4417		1)XXM 2 □ F	1)XXM 2 F 40 YRS. MONTHS DAY				HOURS	MIN.	July	31,19	949	vland		
9e. FACILITY NAME (If not ins	stitution, give	street and number)	street and number) 9b. CITY, TO					ON OF DE	<u> </u>		9c. COUNTY OF DEATH			
Abordoon	Polic	re Denartm	ont			Δh	erdee	n			H	arfoi	rd.	
Aberdeen			CITC		<u> </u>			511			1 110	ALLOI		
10e. STATE										10d. INSIDE CITY LIMITS?				
Maryland									1 X YES 2 NO					
10e. STREET AND NUMBER						101	. ZIP CODE						VHAT COUNTRY?	
449 Wyn-Mar	Aven	ue					2	1001			U	.S.A	١.	
11. MARITAL STATUS	Maria d	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. AR	MED	1				IIC ORIGIN	? (Specify Yes	or No-	14. RACE Black	E — American Indien, k, White, atc.	
1 Never Merried 2 3 Widowed 4 X Divor		IF YES, GIVE W					2 💢 NO					Speci	White	
	EDENT'B E	NICATION	Lee DE	CEDENTIO		OCCUPATIO	NM .		100	KIND OF BUS	DIMEGO	DUOTOW	MILLE	
(Specify only	highest gra	de completed)	(G	ive kind of a	work don	ne during mo	st of workin	g		Dunkir				
Elementary/Secondary (0- Twelve Years		College (1-4 or 5 +	,	Cle		,				Aberde			land	
17. FATHER'S NAME (First, MI				016	LK		18. MOTI	HER'S NA		ADETO (rially	ralla	
David W. 1	. ,	owlakic								rene l				
19e. INFORMANT'S NAME (7)		OWIANIS	10	b. MAILING	3 ADDRI	ESS (Street =	nd Number			er, City or Tow		_		
David W. 1		owlakie								n, Mai	Schill 1	0.190	1001	
			20b. PLACE						tuee		CATION -			
1 X Buriel 2 Cremation 3 Removal from State other place)											llston, Maryland			
21. SIGNATORE OF FUNERAL		HCENSEE			2	22. NAME AI	ND ADDRES	SS OF FA	CILITY					
	11	2) 10 =1	~							& Son			Home	
23. PART I. Enter the di	9.1	attern		<u></u>		Perry					219		Approximate	
IMMEDIATE CAUSE (Fin disease or condition resulting in death)	no! →	a. ACUTE A DUE TO		INTO		ATION				_			Interval Between Onset and Death	
Sequantially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disesse or inju- that initiated evants resulting in death) LAS	diata ING Iry	DUE TO	(OR AS A CONSE											
PART II. Other algnifica	nt condit	lona contributing to	death but not	resulting	In tha	undariyin	g cause	given in	Part I.	24a. WAS AN PERFO 1	RMED?	246	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			ОТН		LACE OF D	EATH (Ch	eck only on	e)				
YEB 2 □ NO		1 Inpatient 2	ER/Outpetient 3	□ DOA		IER: Numing Hon	ne 5 🗆 Re	eeldence	6XADthe	r (Specify)		jail	cell	
27. MANNER OF DEATH	200.000.00	28e. DATE OF (Month, D	INJURY lay, Year)	26b. TII	ME OF		JURY AT ORK?			CRIBE HOW				
	1 Netural 5 Pending 5-5-90 PM 1 YES 22 NO SUBJECT INCESTED ALCO						ALCOHOL							
3 Sulcide 6	Could not a determined	building,	FINJURY — At he atc. (Specify) STATION	-	atreet,	factory, offic	:e			ATION (Street or Town, State DEEN,			Route Number, POLICE DEPT CO., MARYLAN	
Conson only		YSICIAN: To the best of											s) end manner es stated.	
286 STONATORE AND TITLE	OF CERTIF	HEN)/					29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	(Month, Day, Year)	
141	1/2							OCM	E			5/6/	/90	
50. NAME AND ADDRESS OF Frank J. Pe			,		e, Print)		111		n St.		R	alto		
31. DATE FILED (Month, Day,	Year)	32 REGISTIN	this signature	ndell				1 (1)				4100	• • 44 •	
MAY 21	90	Gruia De	ען יייי ופטטורט	• • • • • • • • • • • • • • • • • • • •										

TULL IN

TO THE INCOME. DO ATTENDING DEVOCABLE. The law requires that the death certificate be executed within.
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FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH		REG. NO.
DECEDENTIS MARK (First Middle Look)		A DATE O	E DEATH

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF I	DEATH DA		YEAR	3. TIME OF DEATH
	LLOYD	WILLIA	M FL	ICKINGER	?					05		6	90	1:30 A M
	4, SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (in yrs. las	t birthday)	IF UNDER		_	R 24 HRS.	7. DATE OF E (Month, De	BIRTH W. Mari		8. BIRTH	IPLACE (State or Foreign
	219-34-14	34	1 🔀 M 2 🗌 F	52	YRS.	MONTHS	DAYS	HOURS	MIN.		30/37	,	1000	RYLAND
	9e. FACILITY NAME (If not in	stitution, give a	treet and number)			9b. CITY	, TOWN	OR LOCAT	ION OF DE				NTY OF D	
DIRECTOR	530 KEY HEIGHTS ROAD					U	NIO	BR	IDGE			CAF	RROLI	
Ä	10a. STATE	10b. COUNTY	r	-	10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
<u></u>	MARYLAND	CA	RROLL		U	NION	BR	IDGE						1 TES 2 X NO
A	10e. STREET AND NUMBER						10	1. ZIP COL				10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	530 KEY HEI	GHTS R							791				S.A.	
2	11. MARITAL STATUS 1 Never Married 2 X	Marriad	12. WAS DECEDEN	TEVER IN U.S. AR	MED NO »					IIC ORIGIN? (S n, Puerto Rica		or No-	14. RAC Blac	E — American Indian, k, White, etc.
ВУ	3 Widowed 4 Dive		IF YES, GIVE Y	MAR OR DATES 4 - 07/2	16/57		1 YES	2 X NO	Specify	<i>/</i> :			Spec	WHITE
	16, DEC	EDENT'S EDU			CEDENT'S	USUAL O	CCUPATI	ON		16b. KJN	ID OF BUS	INESS/IN	DUSTRY	WILLIE
COMPLETED	(Specify online Elementary/Secondary (Control of the Control of th	y highest grade	completed) College (1-4 or 6	(G	ive kind of a	work done			dng					
2	11	(14)	College (1-4 or 6		STIMA	TOR				BI.A	CKTC	P PA	VTNO	COMPANY
O	17. FATHER'S NAME (First, M.	liddle, Last)			7 - 1	LOM		16. MO	THER'S NA	ME (First, Midd				00.11.1112
	LLOYD R. FL	TCKTNG	ER					1	DOROT	THY M.	DTCK	ENSE	EETS	3
BE	190. INFORMANT'S NAME (19	b. MAILING	ADDRES	S (Street			Route Number, (
5	FRANCES BOH	N FLIC	KINGER		530	KEY	HEI	GHTS	RD.	UNION	BRID	GE,	MD	21791
	20a. METHOD OF DISPOSIT	ION		20b. PLACE other pi	OF DISPOS						_			own, State
	4 Donation 5 Other		oval from Stata	CARRO	DLL C	REMA	TIO	N SE	RVICE	ES	HAM	IPSTE	EAD,	MD
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE			22.	NAME A	ND ADDR	ESS OF FA	CILITY D I) на	דלידק	FR S	& SONS
- //	· Pau	l M	n. K	eon			UNI	ON B	RIDGI	E, MD			אנדני	2 JONS
	23, PART I. Enter the d					not entai	r tha me	oda of d	ying, auc	h aa cardlac	or reapl	ratory a	reat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final										Onset and Death			
	disease or condition resulting in death) a. Lhng (ancer							Gmonths						
	DUE TO (OR AS A CONSEQUENCE OF):													
Z	Sequentially list conditions, S. Bone Metastasis													
Ę	If any, leading to immediate cause. Enter UNDERLYING													
윤	CAUSE (Disease or Injury									 				
CERTIFICATION	that initiated events resulting in desth) LAST													
핑			d											
MEDICAL									b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO					
음			_		<u> </u>					— [II	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
Z	<u> </u>									_				1 YES 2 NO
ÿ					٠									
5	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF	DEATH (Ch	eck only one)				
PHYSICIAN:	1 TYES 2 NO			☐ ER/Outpetlent :			_		Residence	6 Other (S)	77			
	27. MANNER OF DEATH 1 Netural 5	Pending	28a. DATE O (Month,	Day, Year)	26b. TIM	JURY M	W	JURY AT	Пио	28d. DESCR	IBE HOW I	NJURY O	CCUREO	
B	2 Accident	Investigation	26° DI ACE	OF IN ILIEV ALL				YES 2	∐ NO	201 1 00171	Dat (Change)	and Month		Deuts Musha
8	3 Suicide 6 Could not be determined 26a. PLACE OF INJURY — At home, tarm, building, atc. (Specify)						nory, om	CO		City or T	own, State)	ana Numo	er or Hunai	Route Number,
H.	29a, CERTIFIER	_				_								
COMPLETED	(Check only		ICIAN: To the best of ER: On the bests of											(a) and manner as stated.
		29b. SIGNATURE AND TITLE OF CERTIFIER						_	CENSE NU					D (Month, Day, Year)
BE	1	Yh	1	Nort				1	243:			•	-1.	6/90
2	30. NAME AND ADDRESS C	F PERSON WI		VIVE -	M 27) (Type	, Print)			- 1	1			0	-11-
	1	Lilip	(Dr. K)	542 Was	shino	ton	Rd.	, Su	ite 1	.02, We	estmi	nste	er, N	MD 21157
	31. DATE FILED (Month, Day,		32. REGISTR	AR'S SIGNATURE	. //-	J. 00	_			-				
ķ	MAY	18 90	9	ruha Davids	on-No	riceioc	•							
_			- 0											

th.	neral	in the
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the after death,	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral has fined within 72 hours, after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin
afte	th ye	ca
N	in t	ned
r	filled n. c	rent, the medical
4	tely	1, 1
W	Phope Cre.	ven
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exe	to bi	mat
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6 P	er th	nart
NON	Aft.	S
	afte.	28
OR A	JIRE(em em
N	ALE	#
Spi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the study within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	Ä
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2	2	3 =

31. DATE FILED (Month, Day, Year) MAY 21

	500						0 14511		
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF		MENTAL HYGIEN REG. NO				
	1. DECEOENT'S NAME (First, Middle, Last) GERTRUJE C.	Franklid			2. DATE OF DEATH MONTH	8 9	an 6,45 P m		
	216-22-9917	s. SEX 1 M 2 XF 8. AGE (In yrs. last	YRS. MONTHS D	AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-19-0	7 M	BIRTHPLACE (State or Foreign Country) aryland		
TOR	CARROLL CO. GENERAL RESIDENCE OF DECEDENT	ral. Hospital		IMINSTER	ATH	CAR			
DIRECTOR	100. STATE 10b. COUNTY CAR	ROLL	Westin				10d. INSIDE CITY LIMITS? 1 YES 2 HO		
RAL	1326 Deek. P			10f. ZIP CODE			of what country?		
BY FUNERAL		12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	ID If yo	DECENDENT DF HISPAN se, specify Cuban, Mexican YES 2 \(\overline{\text{NO}} \) NO Specify	n, Puerto Ricen, etc.)		RACE — American Indian, Black, White, atc. Specify:		
COMPLETED		College (1-4 or 5+)	CEDENT'S USUAL OCCU five kind of work done duril Do NOT use retired.)	ng most of working	18b. KIND OF BU	SINESS/INDUST			
ш	5 yrs. none Housewire 17. FATHER'S NAME (First, Middle, Last) Marshall Smith Bessie Warner								
TO B	190. INFORMANT'S NAME (Type/Print) Ruth F. Close			ing View			e, Md.21784		
	20a. METHOO OF DISPOSITION 1 文Burlal 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State 20b. POCE S	of disposition (Name James Ce	of cometery, crematory or emetery		cation - chy	or Town, State Co., Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Borner	22. NA	Burrier Francisco Francisc	uneral H	ome	84		
	23. PART I. Enter the disease, or conshock, or heart fellure. Lie immediate CAUSE (Final disease or condition resulting in deeth)	at only one ceuee on eech line	eth. Do not enter th		h se cerdiec or resp				
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL CI	PART II. Other significent conditions	contributing to death but not r	esulting in the unde	rlying ceuse given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER:	28. PLACE OF DEATH (Chi					
	1 Propertent 2 ER/Outpatient 3 00A 4 Nursing Home 5 Residence 8 Other (S) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Vear) 28b. TIME OF INJURY AT WORK? 1 Returns 5 Pending						ED		
TED BY	2 Accident 3 Suicide 8 Could not be 4 Homicide determined	2 Accident Investigation 3 Suicide 8 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)							
COMPLETED	one)	AN: To the best of my knowledge, de					ouse(a) and manner ee stated.		
TO BE C	SIII SIGNATURE AND TITLE OF CERTIFIER	0-2		D2)	ABER S S	29d. DATE S	IGNED (Month, Day, Year) 18/90		
_	30. NAME AND AODRESS OF PERSON WHD	COMPLETEO CAUSE DE DEATH (ITE)	M 27) (Time Print)						

MD 524-65 Log-.

32. REGISTRAP'S STRATURE
Julia Daydon Aindells

- sa sandy so a

M. L. Bern

	24 hours	filled in
o'o	within	nnietely
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	xecuted	and con
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<u>S</u>	TTEND	A GULL
<u>></u>	OR A	SOL
_	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	the property of the completely filled in

		FOR STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIEI REG. NO	_		
		1. DECEDENT'S NAME (First, Middle, Lest)		HELEN AND	FREEMA	N	2. DATE OF DEATH	78 \$	3. TIN	ME OF DEATH
99	; ;	4. SOCIAL SECURITY NUMBER 213-36-4882	1 M 2 M F	56 YRS.	F UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	33 6	MAF	E (State or Foreign
	RECTOR	90. FACILITY NAME (If not institution, give etc. N V O RESIDENCE OF DECEDENT	mp cnc	CTR	Ba	de location of di		9c. COULTY CT	TY	
ソ	□	10e. STATE 10b. COUNTY	BALTIMORE		During	mill	6		1 🗆	INSIDE CITY LIMITS? YES 2 NO
transit per	FUNERAL	10e. STREET AND NUMBER 1/2 S R/ 11. MARITAL STATUS	tes La	M		2111-	7-	10g. CITIZEN	154	2
ending physician. as the burial-trans	BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	S 2 NO	If yes, sp		NIC ORIGIN? (Specify Yon, Puerto Rican, etc.) iy:		Specify:	maricen Indien, le, etc.
use	LETED	15. OECEDENT'S EOUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	18a. OECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo			usiness/inoust Making	RY	
is and ream. Page b may be retained by the hospital of n by the funeral director, page 5 should be detached for removal. edical examiner must be notified at once.	E COMPL	17. FATHER'S NAME (First, Middle, Lest) HAYYY	E Ca.	napp	001	18. MCTHERUS MAR	ME First, Middle, Meide	FUH.	Rm	AN
e o may be retained ector, page 5 should must be notified	TO B	190. INFORMANT'S NAME (Type/Print) Calvin L. Freeman					Route Number, City or To Owings Mil			17
director, par or must b		20e. METHOD OF DISPOSITION Description Method	val from State	other place) Lori	raine Pa	ark Ceme	tery Ba	ocation — chy	, Md.	•
arrer death. Fage by the funeral directo moval.		A Larry 1	Liftinge	le	22. NAME AF	ADDRESS OF FA	Owings	Mills,		_
within 24 hour hiled in cremation, or vent, the mi	ERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart failure. LIMMEDIATE CAUSE (Fine) disease or condition resulting in death)		dio pu	/	de of dying, suc	Α	piretory errest,		Approximate Interval Between Onset end Death
n certificate be exectly adding physician and Hygiene prior to bu or other traumati		Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):								
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dear FUNERAL DIRECTOR: After this certificate has been signed by the atta within 72 hours after death with the State Dept. of Health and Mental ATANT: If Item 28 is marked, or Item 23 shows any Injury,	N: MEDICAL C	PART II. Other aignificant conditions	contributing to deeth	but not resulting in	the underlying	g cause given in		AN AUTOPSY ORMEO? 2 TKNO	AVAIL COMF OF O	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 KNO
rifficate has he State De or Item 2	/SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 (ANO	HOSPITAL:		OTHER:	LACE OF DEATH (Ca	8 Other (Specify)			
NG PHYSIC fler this cer eath with th marked, (ву рну	27. MANNER OF DEATH 1 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year,			PURY AT DRIK? YES 2 NO	28d. DEŞCRIBE HOV	/ INJURY OCCUR	EO	
R ATTENDI RECTOR: AI urs after de m 28 is	ETED	3 Suicide a Could not be determined	3 Suicide a Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
로 기가 는	COMPL	one) 2 MEOICAL EXAMINE	CIAN: To the best of my kno R: On the basic of examinat						suse(e) end	manner ee stated.
TO THE HOSPITAL TO THE FUNERAL DE filed within 72 IMPORTANT: If	TO BE	29b. SIGNATURE AND THE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WAS	offer M)		29c, LICENSE NU	3164	29d. DATE SI	151	th, Day, Year)
:		M, HUSEU	32 FERIETE ME CE	DEATH (ITEM 27) (Type,	reere	84.R	salt. m	D21	201	
		MAY 2 1 90	guna vara	#001 and /						

Line Much

With Co

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND /		TMENT				MENTA	AL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DEATH
	Sara I	ouise	Griff	i+h					NOM T C M		990	YEAR	8:35 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS.		E OF BIRTH	990	B. BIRTH	IPLACE (State or Foreign
	105 05 6122	1 🗌 M 2 🖵 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Mor	nth, Day, Year)	0.5	Countr	(γ)
- 0	195-05-6122	Λ.	84	1110.					12	24 19			yland
_	9a. FACILITY NAME (If not institution, give str	,			9b. CITY,	TOWN C	R LOCATIO	ON OF DE	EATH		9c. COU	NTY OF D	EATH
0	Meridian - The	Pines				Ea	stor	n			Ta:	lbot	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY							_					
#				10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY LIMITS?
1	Maryland C	aroline	e		D	ent	on						1 X YES 2 NO
AL	10e. STREET AND NUMBER					101	. ZIP CODE	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	309 Kerr Avenue						216	529			U.S	S.A.	
3	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AR		13. 1	WAS DEC			VIC ORIG	ilN? (Specify Yea			E — American Indian, k, Whita, atc.
	1 Never Married 2 Married	FORCES? 1	YES 2-N	10	- 1	f yea, sp	ecify Cuba	n, Maxica	n, Punrto	o Rican, atc.)			
B	3 🔀 Widowed 4 🗌 Divorced	IF TES, GIVE V	WIN ON DATES		- 1 '	YES	2 X NO	Specin	y:			Speci	casian
	15. DECEDENT'S EDUC	ATION	16a, DE	CEDENT'S	USUAL O	CCUPATIO	ON.		16	Sb. KINO OF BUS	INFSS/IN		Castan
E	(Specify only highest grade	completed)	(Gi		work done o			ng				5001111	
اچ	Elementary/Secondary (0-12)	College (1-4 or 5		Tomo	- T- a	0.14					**		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	none		TOME	make	5 T					Hom	ie .	
8										, Middle, Maiden			
BE		Garret						Ida		Staffo			
2	19a. INFORMANT'S NAME (Type/Print)		198							mber, City or Town			
-	Audrey Garrett			Rt	.1 B	OX	149	, De	ento	on, MD	216	529	
	20a. METHOD OF DISPOSITION 1 © Burlel 2 Cremation 3 Remo	wal from State	20b. PLACE other ple		SITION (Na	me of cer	netery, cran	natory or		20c. LO	CATION —	City or To	own, State
	4 Donation 6 Other (Specify)		Dent		Ceme	ter	V			De	nto	n, M	laryland
- 9	21. SIGNATURE OF JUNERAL SERVICE LICE	ENSUED			22.	NAME A	D ADDRE	SS OF FA	CILITY				
- 4	KK OLL	PIXI	100							Home,		A •	
	ruces	4/1/10	OVC							and 21	_		
- 1	23. PART I. Enter the disesses, or o shock, or heart fellers. I	omplications the List only one car	it caused the de use on each line	eth. Do i	not enter	the mo	de of dy	ing, auc	h ee ce	ordiec or respi	ratory sr	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Final	0	/		Δ.		01	1.					Onset and Death
	disease or condition - a. (ardiovascular College) 2.0								Zango				
	ONE TO (OR AS A CONSHOUSNCE OF):												
z	generalized arpenisdem												
은	Sequentially list conditions, if tany, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE Ò	F):								
3	cause. Enter UNDERLYING CAUSE (Disease or injury												
正	that initiated events	DUE TO	(OR AS A CONSEC	DUENCE O	F):	_							
CERTIFICATION	resulting in death) LAST	1.											
2						_							
A	PART II. Other eignificent condition						g cause (given in	Part I.	24a. WAS AN PERFOR		246	AMILABLE PRIOR TO
용	- scaeneral	rul -	vint	11	isen	N				1 🗆 YES 🌶	NO NO		COMPLETION OF CAUSE OF CEATH?
Ä										<i>'</i>			1 YES 2 NO
-													
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL		-			26. PI	ACE OF O	EATH (Ch	eck only	one)			
35	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		6 D D	neldenon	6 🗆 🔿	her (Specify)			
¥	27. MANNER OF DEATH	26a. DATE OF	INJURY	26b. TIN	E OF	26c. INJ	URY AT		Y	EŞCRIBE HOW I	NJURY OC	CUREO	
	1 Netural 5 Pending	(Month, L	Day, Year)	IN.	JURY M		PRK? YES 2	□ NO					
2 Accident investigation 28s PLACE OF IN HIPPY. At home farm should feel out of the control of t							er or Flumil	Route Number					
	4 Homicide 8 Could not be	building	, etc. (Specify)							ty or Town, State)			
H	200 CERTIFIER												
를	(Check only												-
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basia of a	xemination and/or	investigation	on, in my o	pinion, d	leath occur	red at the	time, de	nta and placa, an	d due to t	he cause(a) and menner as stated.
M	296. SIGNATURE AND TITLE OF CERTIFIER	1 .1		1.	_		29c. LIC	ENSE NUI	MBER		29d. DA	TE SIGNE	(Month, Day, Year)
0	4) Witter	100d	1	141)		1	200	87	15	•	5/	7/80
2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED EM	SE OF DEATH (ITE	M 27) /5~	(Defeat)				, , ,	~		/	- / -

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Wood,

'90

Jr., M.D., Dutchr 32. REGISTRAN'S SIGNATURE JANA WAY OSON-Randelle

Dutchmen's Lane, Easton, MD 21601

William H.
31. DATE FILED (Month. Day, Vear)
MAY 11

1

other traumatic

6

23 shows

0

Is marked,

28

Item

IMPORTANT: If

299

MEDICAL

PHYSICIAN:

B₹

COMPLETED

BE

2

for use as the burial-trans

detached

2

nours after death. Page 6 may be retained by the hospital or attending physician.

BALTIMORE, MARYLAND 21203-3146

signed by the attending physician and completely filled in by the funeral director, page 5 should Heatth and Mental Hygiene prior to burial, cremation, or removal. executed within law requires that the death certificate be certificate has been in the State Dept. of The THE HOSPITAL OR ATTENDING PHYSICIAN: 1 THE FUNERAL DIRECTOR: After this certificat filed within 72 hours after death with the Star

DIBERTOR
CHNEDAL
2
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Idillo
U
C

*ECTOR Ę UNEF B J 4 COME 9 CERTIFICATION

STATE REGISTRAR	STATE UF MARYLAN
DECEDENT'S NAME (First, Middle, Lest)	(-sore

ID / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO. 2. DATE OF DEATH 10AY 22 MA

3. TIME OF OEATH

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 112-26-2900 1 M 2 XF 89 Jan. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH

7. DATE OF BIRTH (Month, Day, Year) Jan. 20, 8. BIRTHPLACE (State or Foreign 1901 Tennessee

Heritage Health Care Center RESIDENCE OF DECEDENT

Takoma Park

9c. COUNTY OF OEATH Montgomery

10b. COUNTY 10c, CITY, TOWN OR LOCATION 10e. STATE Maryland Baltimore Baltimore 10e. STREET AND NUMBER 101. ZIP CODE 6908 Bonnie Ridge Road

10g. CITIZEN OF WHAT COUNTRY? 21209 USA

10d. INSIDE CITY LIMITS?

1 X YES 2 NO

11. MARITAL STATUS 1 Never Merried 2 Merried 3 🖔 Widowed 4 🗌 Divorced

/Spe

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO FORCES? 1 YES 2

13. WAS OECENOENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify:

 RACE — American Indien, Black, White, atc. White

1-12

16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.)

16b. KIND OF BUSINESS/INDUSTRY

College (1-4 or 5+) College Grad.

15. DECEDENT'S EDUCATION pecify only highest grade complete

Advertising Exec.

Hutzlers

17. FATHER'S NAME (First, Middle, Last) Thomas Henry Baker 16. MOTHER'S NAME (First, Middle, Maiden Surname)

Bealle Jennings

19e, INFORMANT'S NAME (Type/Print)

19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zip Code) 6908 Bonnie Ridge Road, Baltimore, Md.

Sarah Hendrixson

20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Metropolitan Crematory

4 Nursing Home

28c. INJURY AT WORK?

20c. LOCATION — City or Town, State Alexandria,. VA.

20e. METHOD OF OISPOSITION
1 □ Buriel 2 □ Cremetion 3 □ Removal from State
4 □ Donetion 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES

22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home

11800 N.H. Ave., Silver Spring, Md. 20904

Jours 23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final

intarval Between Onset and Death

disease or condition reaulting in death)

JLUN DUE TO (OR AS A CONSEQUENCE OF)

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	
ORBANL BRAIN SYMIROM/	PERFORMED?
acome brain 19MI com	1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO

5.	WAS	CASE	REFE	RRED	то	MEDI	CAL
	EXA	MINEF	17		_		
	1.	YES	2 1	MIL			

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year)

Ē	OF	DEATH	(Ch	eck	O	ηly	one)	
	П	Reelden	Ca	ė i	7	Ott	her	(Specif	5/)

g Home 5 - Reeldence 8 - Other (Specify)			
8c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURE		
1 YES 2 NO			

Could not be 4 Homicide determined

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

281. LOCATION (Street end Number or Rural Route Number, City or Town, State)

AUTOPSY

(Check only one)	CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, of MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion	date and place, and due to the cause(e) and on, death occured at the time, date and place	manner as stated.
II. SIGNATURE A	NOTITLE OF CERTIFIER	29c LICENSE NUMBER	29d DATE S

5 Pending

nination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner as stated.

29d. DATE SIGNED (Month, Day, Year) r-11-9

those MI D ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Jeffrey A. Kelman, MD 32. REGISTRAR'S SIGNATURE 11. DATE FILED (Month, Day, Year)

6525 Belcrest Rd. #208 Hyatts., Md.

29c. LICENSE NUMBER

3 190 in soldered

arear r.

 $\label{eq:continuous} \mathcal{L}'(x) = \mathcal{L}(x) + (1-x)^2 \left(\mathcal{L}'(x) + (1-x)^2 \right) \mathcal{L}'(x)$

10 July 17 19

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within exmours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	SIAIE UF N	IARTLAND /	RTIF	ICATE	OF D	EAT	H.	MENIAL	REG. NO.	C		
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
•	MARION ANNA (FO	ARD) GII	SON						5-2		19	90	10:00 Am
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1	YEAR IF	UNDER	24 HRS.	7. DATE O	OF BIRTH		S. BIRTH	PLACE (State or Foreign
	214-30-4263	1 - M 2 XF	59	YRS.	MONTHS 6	DAYS HO	OURS	MIN.	2-4-	Day, Year)	31	Countr	yland
	Se. FACILITY NAME (If not institution, give etn	eet end number)			9b. CITY, T	OWN OR L	OCATIO	ON OF DE		10		NTY OF D	4
œ	4410 Sellman Road				9b. CITY, TOWN OR LOCATION OF DEATH Beltsville Prince Geor								
8	RESIDENCE OF DECEDENT				De l	LCSVI	TTE	-		_	PI.	Ince	George
Ä	10e. STATE 10b. COUNTY			10c. CI1	Y, TOWN OR	LOCATION							10d. INSIDE CITY LIMITS?
ā	Maryland Prin	ce Georg	je	Be	ltsvil	lle							1 YES 2XX NO
A	10e. STREET AND NUMBER					101. ZIF	CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL DIRECTOR	4410 Sellman Roa	đ				20	705	5			Uni	ted s	States
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	WED		S DECEND	ENT O	F HISPAN		? (Specify Yes		14. RACE	— American Indian.
B	1 Never Married 2 XXMarried 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2XXN	0		res, specify YES 2X			n, Puerto R	lican, etc.)		Speci	white, atc. My: White
COMPLETED	15, DECEDENT'S EDUC	ATION	18e. DEC	CEDENT'S	USUAL OCC	UPATION			16b.	KIND OF BUS	SINESS/IN	DUSTRY	
<u> </u>	(Specify only highest grade of Elementary/Secondery (0-12)	College (1-4 or 6	1/2m	Do NOT u	work done dur se retired.)	ring most of	working	g	-				
립	12 years			ouse	wife								
8	17. FATHER'S NAME (First, Middle, Last)					10	. MOTH	IER'S NAI	ME (First, N	Aiddle, Maiden	Surname)		
	Edwin Morris F	oard					Kat	her	ine	Brown			
B	19a. INFORMANT'S NAME (Type/Print)	July	198	. MAILING	ADDRESS (_				oer, City or Tow	n, State, Zi	p Code)	
2	Joseph M. Gibson				e as ‡								
	20e. METHOD OF DISPOSITION		20b. PLACE (_	etory or		20c. LO	CATION -	City or To	wn. State
	1 N Buriel 2 Cremation 3 Remo	val from State	Fort 3	ice)			,,	,		17.6			Maryland
- 1	21, SIGNATURE OF FUNERAL SERVICE LICE	INSEE/	1010			AME AND A	- 4	SS OF FAC	CILITY	DIC	IICWO	04, 1	aryrana
- 1	10 M	1 (Dan	The al	1		_				L Home			
_	23. PART I. Enter the diseases, or co	, A DAR	NWO	1									e, Md.20705
CERTIFICATION	Sequentisity list conditiona, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF	DUENCE C	PF):								
9	resulting in death) LAST												
MEDICAL		neggy		ACT	INF				Part I.	24s. WAS AN PERFOR	MED?	246	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL	1010 K	CHC1161	N		00 81 40		E 4 T 1 101	eck only on				
5	EXAMINER?	HOSPITAL:			OTHER:								
PHYSICIAN:	1 TYES 2 PNO 27. MANNER OF DEATH		ER/Outpatient 3		4 Nursir	_		sidence					
	_/	28e. DATE OF (Month, E		26b. TII	JURY 2	WORK	?		28d. DES	CRIBE HOW I	NJURY O	CURED	
a B	2 Accident Investigation	5 Pending M 1 YES 2 NO											
ED	3 Suicide 6 Could not be determined	building,	of INJURY — At home atc. (Specify)	me, farm,	atreet, factor	y, office				ATION (Street or Town, State)		or or Rumi	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIC DESCRIPTION OF THE CONTROL OF	5 To											e) end menner ee stated.
	296. BIGNATURE AND TITLE OF CERTIFIER	=				29	e. LICE	ENSE NU	MBER				(Month, Day, Year)
BE	Bernard Work	to eval	1 pos				Do	043	73		1	5.2	1-90
임	30. NAME AND ADDRESS OF PERSON WHO BERNALD A. F. 7	COMPLETED CAU	SE OF DEATH (ITER	M 27) (Typ	o, Print)	5174	B	מטו	Ensi	, Sil			
	31. DATE FILED (Month, Day, Year) WAY 22 90	32. REGISTRA	AR'S SIGNATURE							1			20401

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND /	DEPARTMENT (OF HEALTH AN	D MENTAL	HYGIENE
CE	RTIFICATE	OF DEATH		REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIENI REG. NO.	E			
1. DECEDENT'S NAME (First, Mili	ULIA DIETZ	GRABLE				990	12:57 PM		
4. SOCIAL SECURITY NUMBER 213-18-7902	5. SEX	6. AGE (In yrs. lest birthday) 68 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) AUG. 27, 1	921 MA	RTHPLACE (State or Foreign untry) RYLAND		
FREDERICK MI	MORIAL HOSPI	TAL		ERICK	АТН	9c. COUNTY O	ERICK		
	FREDERICK	10c. CITY, TOWN OR LOCATION THURMONT					10d. INSIDE CITY LIMITS? 1 YES 2 XNO		
100. STREET AND NUMBER	RANKLINVILLE	RD.	100	. ZIP CODE 1788		10g. CITIZEN C	A .		
10e. STREET AND NUMBER 14834 N . FI 11. MARITAL STATUS 1 Never Merried 2 Ma 3 Widowed 4 Divorce	rried FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	If yes, sp		NC ORIGIN? (Specify Yea n, Puerto Rican, etc.) /:	В	ACE — American Indian, Hack, White, etc. pecify: WHITE		
15. DECEDI (Specify only his Elementary/Secondary (0-12) 10 17. FATHER'S NAME (First, Middle EDILLA D.D.	NT'S EDUCATION thest grade completed) College (1-4 or 5	(Give kind of the Do ANCT in	USUAL OCCUPATION work done during model retired.)		18b. KINO OF BUS	INESS/INDUSTR	Υ		
10 17. FATHER'S NAME (First, Middle EDWARD	N/A s, Last) (NMI)	HCMEM DIETZ	AKER	140	ME (First, Middle, Maiden : ENCE (N	Surname) MI)	RHODES		
EDWARD 19a. INFORMANT'S NAME (Typo EDWARD J. DII	ETZ (SON)			nd Number or Rural FAIRFIEL	Poute Number, City or Town	n, State, Zip Code 7320	,		
20a. METHOD OF DISPOSITION 1 1/2 Buriel 2 Cremation 4 Donation 5 Other (Sp. 21. SIGNATURE OF FUNERAL S	3 Removal from State	20b. PLACE OF DISPOS other place) BLUE RIDG	E CEMETE	ERY	THU	RMONT,			
					ST., THURMO				
shock, or heer IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list condition if eny, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO	O (OR AS A CONSEQUENCE OF O (OR AS A CONSEQUENCE OF O (OR AS A CONSEQUENCE OF O (OR AS A CONSEQUENCE OF O (OR AS A CONSEQUENCE OF O (OR AS A CONSEQUENCE OF O (OR AS A CONSEQUENCE OF O (OR AS A CONSEQUENCE OF O (OR AS A CONSEQUENCE OF O (OR AS A CONSEQUENCE OF O (OR AS A CONSEQUENCE O	usk				Interval Between Onset and Death Manual Jeans Je		
PART II. Other significant 25. WAS CASE REFERRED TO BEXAMINER? 1 YES 2 NO 27. MANNER OF OEATH		o death but not resulting	In the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHER:	LACE OF DEATH (C)	eck only one) 8 Other (Specify)				
2 Accident Inv	28a. DATE C (Month,	Dey, Year) 28b. TIN	IE OF 28c. IN. WO	URY AT ORK? YES 2 NO	28d, OEŞCRIBE HOW II				
3 Suicide 8 Co	3 Suicide 8 Could not be datermined 8 Could not be datermined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
onel		of my knowledge, death occurr examination and/or investigate					se(a) and manner as stated.		
29b. SIGNATURE AND TITLE OF	1/8m 10	attenden	Physica		516	▶ ¿	NED (Morith, Div. Year)		
Allen	J. Gilso.	NMD	1475	TANC	1 Ave	FR	ED MD 217		
MAY 1.6 1990	Julia Varidson	RAR'S SIGNATURE							

DHMH-18 Rev 1/89

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flat death. Page 6 may be retained by the hosp
BALLIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13148,

	FOR	STATE OF M	ARYLAND / DEP	ARTMENT O	F HEALTH AND	MENTAL HYGIEI	ue J	0 14311	
	1 - STATE REGISTRAR				OF DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Leat)					2. DATE OF DEATH	DAY Y	3. TIME OF DEATH	
	Francis Xavier					May 12	1990	1:00 P N M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. leat birtnd	MONTHS DA	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLACE (State or Foreign Country) Willand	
	577-16-8994 A	1 √ × M 2 □ F	75 YR			Peb 16, 19			
ОВ	90. FACILITY NAME (If not Institution, give Firederick Memori		al	Fred	wn or location of di Crick	EATH	Fired.	erick	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	rv .	140-	CITY, TOWN OR L	OCATION				
E								10d. INSIDE CITY LIMITS?	
	Matuland Fied	lerick		Thurmon	101, ZIP CODE		100 CITIZEN	1 \(\sqrt{Y} \) YES 2 \(\sqrt{NO} \) NO NOF WHAT COUNTRY?	
FUNERAL	1 William Drive				21788		u.	S. A.	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ADMED YES 2 DENO AR OR DATES	If ye	DECENDENT OF HISPAI s, specify Cuben, Mexica YES 2 NO Specif	nn, Puerto Ricen, etc.)		. RACE — American Indian, Black, White, etc. Specify:	
ETED	15. DECEDENT'S ED (Specify only highest grad	UCATION fo completed		T'S USUAL OCCU		16b. KIND OF B	USINESS/INDUS		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life Do MC	T use retired.)	y most or working				
COMPL			owner			Cavy-c	out pac	kage goods	
8	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Meide			
BE	Leroy Hartman G	etz			Amy Ger	trude Hall			
2	19e. INFORMANT'S NAME (Type/Print)				reet and Number or Rural				
	Fileen Geat				Drive. Thu				
	20e METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rec	noval from State	other place)		of cemetery, cremetory or		OCATION — Ch		
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	IOBUREE	Gate of	Heaven	cemeteru	Sili	iei Spr	ing, Maruland	
	21. SIGNAL OF TONERAL SERVICE	7	110	22. NAR	IE AND ADDRESS OF FA	Staufi	er. tun	eral Home	
	Tharon (amille	Clen		1 Opossumt				
	23. PART I. Entar the diseases, or shock, or heart failure	complications that	caused the death. I	o not enter the	mode of dying, aud	ch as cardiac or rea	piratory arrea	t, Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	. 1	^)entr	icular 1	Arrly:	there	Onset end Deeth	
		OUE TO	OR AS A CONSEQUENC	Ĕ OF):					
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
TA.	If any, laading to immediate cause. Enter UNDERLYING								
FIC	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A CONSEQUENC	E OF):					
E	reculting in death) LAST	4							
8		u.							
AL	PART II. Other aignificant condition	ne contributing to	death but not resulti	ng in the under	tying cause given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
MEDICAL						1 TYES	2 🗌 NO	OF DEATH?	
R								1 TES 2 NO	
z									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	16. PLACE OF DEATH (CI	heck only one)			
PHYSICIAN:	1 TYES 2 NO		ER/Outpatient 3 DO	A 4 Nursing	Home 6 - Residence				
	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, Da	ly, Year) 28b.	TIME OF 284	WORK?	26d. DESCRIBE HOW	INJURY OCCUI	RED	
BY	2 Accident Investigation		INJURY — At home, fe	m street featons	YES 2 NO	26f. LOCATION (Street	t and Mumber or	Gunt Souta Number	
0	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	in, airout, tautory,		City or Town, Stat	(a)	noral node Number,	
Ē	29e. CERTIFIER	OLOMAN To the best of							
COMPL	nne) lenn				date and place, end du-			:ause(e) and manner as stated.	
8		00	The state of the s	and in the oblin					
H	296. SIGNATURE AND TITLE OF CERTIFI	S XV.	MAN	5.0	29c. LICENSE NU	MBER 7/0/-	29d. DATE S	IGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF REPRON W	MO COMPLETED CAME	E ON DEATH STEEL CO.	Topo Ordin	AL DO	180		11110	
1 1	AN ILVER VILL VARIABON M	THE COMPLETED CAUS	AIR (IEM 27) (rype, rriet)					

32. REGISTRAR'S SIGNATURE

Service of

i examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
rai,	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
or death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			OF DEATH AND	MENTA	L HYGIENE			
,	1_DECEDENT'S NAME (First, Middle, Lest)					MONT	OF DEATH	1990	EAR	ME OF DEATH
	Robert J		, Jr.	(ay) IF UNDER 1.1	'EAR IF UNDER 24 HRS.	Ma	y 17,			L:L3 P M E (State or Foreign
	034 14 6645		4 YR	MONTHS C	MYS HOURS MIN.	(Mont	h, Day, Year)		Country)	chusetts
	9a. FACILITY NAME (If not institution, give a		•		OWN OR LOCATION OF D		. 10,	9c. COUNTY		chusetts
r	Shady Grove Adve	· ·	al		ckville	CAITI			tgome	rv
2	RESIDENCE OF DECEDENT									-
DIRECTOR	10a. STATE 10b. COUNT		10c.	CITY, TOWN OR					10d.	INSIDE CITY LIMITS?
		tgomery		Roc	kville					YES 2 NO
4	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN		
FUNEHAL	1003 Azalea Drive	12, WAS DECEDENT EVER I	ALLI C ABMED	40 148	20850 s decendent of hispa	NIC OBICII	N2 (Parally Man	Unite		merican Indian,
	1 Never Married 2 Married	FORCES? 1 X YES	2 NO	If y	es, specify Cuban, Mexic	an, Puerto		OF NO.— 14.	Black, Whit	nerican Indian, la, etc.
5	3 Widowed 4 Divorced	World War		''	YES 2 X NO Spec	ny:			Specify:	te
ED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDEN	IT'S USUAL OCC	UPATION ing most of working	168	. KIND OF BUS	INESS/INDUS	TRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NO	OT use retired.)						
ž į	-	5+	Syste	ms Anal			ompute:		ware	
- 1	17. FATHER'S NAME (First, Middle, Last) Robert J. Greane	v			16. MOTHER'S N	AME (First, eviev		Surname) Kane		
H B	19a. INFORMANT'S NAME (Type/Print)	<u>Y</u>	10h MAII	ING ADDRESS (Street and Number or Rura				rde)	
2	Dorothy J. Greane	v	100,000		ea Drive, F					850
	20a. METHOD OF DISPOSITION	20	b. PLACE OF DIS		of cemetery, crematory or			CATION — City		
	1 Donation 8 Other (Specify)		other place) Montgon	nery Cre	ematorium,	Inc.	Bet	hesda,	Mary	land
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSE			ME AND ADDRESS OF F					
	> VA_ \ 77	M00	689	Hon	ne/Rockvill enue, Rockv	le, I	nc. 30	0 West land 2	Mont	gomery
T	23. PART I limited the diseases, or seast, or heart failure.	complications that cause	d the death. I	Do not enter th	ne mode of dying, su	ch as car	diac or respi	ratory arres	t,	Approximate
	immediate cause (Fine)	List only one ceuse on	eech line.		× .				į	Onset and Death
- 1	disease or condition resulting in death)	· Cardin	w Ky	espira	tory a	res	ex			2 days
		DUE TO (OR AS	A CONSEQUENC	E MF):	16	1	10			
S	Sequentially list conditions, b. acute Celebral Remorrhage									
RIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	DUE TO (OR AS A CONSEQUENCE OF):						1	
	resulting in death) LAST	d								
	PART ii. Other significant condition	ns contributing to death	but not reault	ing in the und	erlying cause given i	n Part i.	24a, WAS AN	AUTOPSY	24b. WER	E AUTOPSY FINDINGS
3							PERFOR		COM	ABLE PRIOR TO PLETION OF CAUSE
MEDIC								111		YES 2 NO
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	28. PLACE OF DEATH (C	Check only o	one)			
<u> </u>			tpatient 3 🗆 DC	DA 4 Nursir	g Home 5 🗆 Rasidence	_				
>	1 TYES 2 NO	1 Inpatient 2 ER/Out					SCRIBE HOW I	NJURY OCCUI	DEO.	
α.	1 🗆 YES 2 🔀 NO 27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b.	TIME OF 2	6c. INJURY AT WORK?	26d. DE			L	
BY P	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)		INJURY M	WORK? 1 YES 2 NO					Number
ED BY P	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	Y — At home, fa	INJURY M	WORK? 1 YES 2 NO	28f. LO	CATION (Street a y or Town, State)			Number,
ED BY P	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER	28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJUR	Y — At home, fa	INJURY M Irm, street, factor	WORK? 1 YES 2 NO y, office	28f. LO- C/h	CATION (Street a y or Town, State)	and Number or	Rural Route	Number,
ED BY P	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be datermined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJUR building, etc. (Spo	Y — At home, fa	irm, street, fector	WORK? 1 YES 2 NO y, office	28f. LOC/h	CATION (Street a y or Town, State)	and Number or	Rural Route	
E COMPLETED BY P	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be datermined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	28a. DATE OF INJURY (Morath, Day, Year) 26a. PLACE OF INJURY building, etc. (Spi SICIAN: To the best of my knot ER: On the best of axaminati	Y — At home, fa	irm, street, fector	WORK? 1 YES 2 NO y, office e, date and place, and de nion, death occured at the nion, death occured at the nion.	28f. LO City	CATION (Street a y or Town, State)	and Number or oner as stated. d due to the o	Aural Route	
BE COMPLETED BY P	1 YES 2 NO 27. MANNER OF DEATH 1 Natural	28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJUR building, etc. (Spi SICIAN: To the best of my kno- ER: On the basis of examinati	wiedge, death or on and/or investi	INJURY M mm, street, factor coursed at the tim getion, in my opi	WORK? 1 YES 2 NO y, office e, date and place, and do nion, death occured at the nion, death occured at the nion.	28f. LO City	CATION (Street a y or Town, State) suse(a) and mer ta and place, an	and Number or oner as stated. d due to the o	Aural Route	menner sa stated.
COMPLETED BY P	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 0n9) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WITH	28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJUR building, etc. (Spi BICIAN: To the best of my know ER: On the basis of examination R MALLY HO COMPLETED CAUSE OF D	Y—At home, fa wiedge, death oc on and/or investi	INJURY M irm, street, factor coursed at the tim igation, in my opi	WORK? 1 YES 2 NO y, office e, date and place, and do nion, death occurred at the place of the	28f. LOC/h	CATION (Street is yor Town, State) suse(a) and mer	nner as stated d due to the c	Aural Route	menner sa stated.
BE COMPLETED BY P	1 YES 2 NO 27. MANNER OF DEATH 1 Natural	28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJUR building, etc. (Spi BICIAN: To the best of my know ER: On the basis of examination R MALLY HO COMPLETED CAUSE OF D	Y — At home, fe wiedge, death or on and/or investi EATH (ITEM 27) Old Geo	INJURY M Irm, street, factor coursed at the tim gation, in my opi (Type, Print) Drgetowi	WORK? 1 YES 2 NO y, office e, date and place, and do nion, death occured at the place of the	28f. LOC/h	CATION (Street is yor Town, State) suse(a) and mer	nner as stated d due to the c	Aural Route	menner sa stated.

,	_		1
(-		1
months to stream and stream and the first that the death conflicts he assented within 0.8 hours offer death. Peac 6 may a retained by the housist or aftending should be seen that the contraction of the contraction of the stream of the contraction of the contra	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,0 stress	be filed within 72 hours after death with the State Dept, of Health and Memtal Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND N	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		ENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last)	C. GE	ARHAR	t		2. DATE OF DEATH DA	4-9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 170-26-8271	1 1 1 2 F	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. R LOCATION OF DEA	7. DATE OF BIRTH (Month, Day, Year)	3 °	OURTHPLACE (State or Foreign Country) MISSOURI
TOR	9a. FACILITY NAME (If not institution, give SUBURBAN RESIDENCE OF DECEDENT	HOSPITAL		тн	9c. COUNTY OF DEATH MONTGOMERY			
DIRECTOR	MD 10b. COUNT	ONTGOM		THESE				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	6302 CRA	THIE	LANG	2	08/6		USA	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, spe	ENDENT*OF HISPANIC scify Cuban, Mexican, 2 NO Specify:	ORIGIN? (Specify Yea Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: HITE
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	ork done during mo e retired.)		16b. KIND OF BUS		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	5 +	ATTORN	IEY		FEDERAL E (First, Middle, Maiden		NMENT
TO BE	CHARLES GEARHA 100. INFORMANT'S NAME (Types/Print) LOIS D. GEARHART			ADDRESS (Street a		COOPER ute Number, City or Town CHEVY CHA		**) RYLAND 20815
	20a. METHOD OF DISPOSITION 1 Buriel 20 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	b. PLACE OF DISPOS other place) ETROPOLIT	ITION (Name of cen	netery, crematory or	20c. LO	CATION — City	
	21. SIGNATURE OF GUNERAL SERVICE L	CENSER DUNG		FRANC		LINS FUNE	RAL HO	
RIPICATION	23. PART I. Enter the diseases, or shock, or heart failure indexed from the shock of the shock o	s. CUN SHO DUE TO (OR AS DUE TO (OR AS	each lins.) N D	,	as cardiac or respi	ratory arrest,	Approximata interval Between Onset and Death A CUTE INDES
: MEDICAL CE	PART II. Other algnificant condition	ons contributing to death	but not resulting i	n the underlyin	g cause given in F	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 27 YES 2 \(\sum \) NO	HOSPITAL:	patient 3 DOA	OTHER:	ACE OF DEATH (Chec	1-17121121-11		
≥	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide detarmined	28a. PLACE OF INJUR building, atc. (Spi	90 // 3 Y — At home, farm, s	E OF 28c. INJ	URY AT PARK? YES 2 1 10	28d. DESCRIBE HOW I	N If	ens
COMPLETED	(Oracle Oray	SICIAN: To the best of my known NER: On the basis of examination						suse(a) and manner as stated.
TO BE	MAME AND ADDRESS OF PERSON W	ellun	110	(Paint)	DODO	BER GG	29d. DATE SI	GNED (Month, Day, Year)
	31. DATE FILED (Month, Day, Year)	132. REGISTRAR'S SIG	5200 U	Print) IS CORES	in Av	5 Bet	48 S	SAMD 20 8x
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the has been within 70 hours after death with the State Dent of Health and Mental Hodiene Drior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical e	i
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3	GCL.	Page 19	흥	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ficat	phy an	9	
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	- SIMIL	STATE OF MARYLA				MENTAL			30 149	20
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	0	CERTIFIC	CATE	OF DEATH	2. DATE C	REG. NO.		3. TIME OF DEATH	
	John Purnell	GEINS'S				4 -	- 25	-195	AR O	М
	147-16-5139	□ M 2 🛣 F 62 🖟	YRS.		DAYS HOURS MIN.	2-	F BIRTH Day, Year) 18-19	28	BIRTHPLACE (State or Foreign Country) MD (Worche	
OR	9a. FACILITY NAME (If not institution, give atreet Home-Berlin, Md				rown or location of di rlin MD	EATH		WOTO	nester	
DIRECTOR	100. STATE 100. COUNTY WOrc	hester		rown or	LOCATION				10d. INSIDE CITY LIMITS? T YES 2 NO)
ERAL	Bay St, Apts	. Berlin			101. ZIP CODE 21811				of what country? ed States	
BY FUNERAL	11. MARITAL STATUS 12 1 Never Married 2 Merried 3. Widowed 4 Divorced	WAS DECEDENT EVER IN U. FORCES? 12 YES IF YES, GIVE WAR OR DATE WW-2 Nav	2 NO ES	lf :	AS DECENDENT OF HISPA yes, specify Cuben, Mexico YES 2 NO Specif	n, Puerto Ri		or No- 14.	RACE — American Indian, Black, White, atc. Specify: Black	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12) C	ion pleted) college (1-4 or 5+) none	(Give kind of we life. Do NOT use truck	retired.)	ring most of working	16b.		-emp		
TO BE COM	17. FATHER'S NAME (First, Middle, Last) George Purnel	1			Berth				1	
	190. INFORMANT'S NAME (Type/Print) Leola Purnell				Street and Number or Aural Apts., Be				de)	
שמנו מ	20s. METHOD OF DISPOSITION Burlel 2 Cremation 3 Removel Donation 5 Other (Specify)	I from State	PLACE OF DISPOSI other place) Vergree	en C	e of cometery, cremetory or emetary			erlin	or Town, State	
examiner must be	21. SIGNATURE OF PUNERAL SERVICE LICENS	fak.		22. N	ooks F/H		Box1	574 S	alis.MD	
me menica	23. PART I. Enter the diseases, or comendate, prince the disease, or comendate the disease or condition resulting in death)			ot enter t		ch aa cardi				ween
NO NO	Sequentially list conditions,	DUE TO (OR AS A C):		-VV				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C								
SERTIFI	that initiated events resulting in death) LAST	22. 10 (011 22 2	SONOEOGENOE OF	,.						
: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDING						JSE			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				28. PLACE OF DEATH (C	heck only one	9)			
YSIC	1 YES 2 NO	OSPITAL: Inputient 2 ER/Outper	tient 3 🗆 DOA	4 - Nursi	ng Home 6 A Residence	6 🗆 Other	(Specify)			
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJI	OF JRY M	28c, INJURY AT WORK? 1 YES 2 NO	28d. DEŞ	CRIBE HOW	INJURY OCCUI	RED	
Z8 IS	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY - building, etc. (Specif	— At home, farm, a	ireet, facto	ry, office		ATION (Street or Town, State		Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: (N: To the best of my knowle On the besis of examination							euse(a) and menner as stat	led.
TO BE COMPLE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO C	mo			29c. LICENSE NU	MBER D 50	7	29d. DATE S	IGNED (Morith, Day, Year)	

CARROLL

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

(FR

31. DATE FILED (Mohit, Day, Year)
MAY 1 1 '90

RASSO 145 E 32. REGISTRAR'S SIGNATURE Fisha Davidson Rindows

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 STATE	STATE OF MARYLAND /				MENTAL HYGIE	NE	00 14321
	1. DECEDENT'S NAME (First, Middle, Last)		RHFIC	ATE OF	DEATH	2. DATE OF DEATH MONTH MAY 16,		3. TIME OF DEATH 3:45 P.M.M
	MARY ETTA GUNNY 4. SOCIAL SECURITY NUMBER 216222795	5. SEX 6. AGE (In yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIH.	7. DATE OF BIRTH (Month, Day, Year) APR. 13,		BIRTHPLACE (State or Foreign Country) MARYLAND
TOR	98. FACILITY NAME (If not institution, give sti ST. MARY S NURSIN RESIDENCE OF DECEDENT	,	9b.	LEONAL	RDTOWN	ATH		MARY'S COUNTY
- DIRECTOR	MD. STATE 10b. COUNTY MD. ST. N	MARY'S CO.		ONARDIO	OWIN			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	GENERAL DELIVERY 11. MARHTAL STATUS	12. WAS DECEDENT EVER IN U.S. ARIA FORCES? 1 YES 2 N	MED	13. WAS DECE	ZIP CODE 20650 ENDENT OF HISPAN	IIC ORIGIN? (Specify Y	U,	S . A . 4. RACE — American Indian, Black, White, etc.
B	1 Never Married 2 Married 3 🕅 Widowed 4 Divorced 15. DECEDENT'S EDUC	IF YES, GIVE WAR OR DATES ATION 16a, DEC		1 TYES	2 NO Specify	16b. KIND OF B	USINESS/INDU:	Specify: WHITE
COMPLETED		College (1-4 or 5+)	ve kind of work Do NOT use rel GRAVER	done during mos ired.)			GOVERNI	MENT
BE	17. FATHER'S NAME (First, Middle, Last) JAMES FITZHUGH LE 19a. INFORMANT'S NAME (Type/Print)		. MAILING ADI	ORESS (Street ar	MARY F	ME (First, Middle, Melde RANCES NE Route Number, City or R	LSON	code)
2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) PAUL J. BAILEY BOX 275, LEONARDTOWN, MD. 20650 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State							
	1 X Burisi 2 Cremation 3 Remoted Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	ST. FI	RANCIS	MATT	D ADDRESS OF FA LNGLEY-G	ARDINER F	UNERAL	, MARYLAND HOME, P.A.
	IMMEDIATE CAUSE (Final disease or condition	complications that caused the detailed only one ceuse on each line.				LEONARD		
CERTIFICATION	resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSECU-	DUENCE OF):	znt	cuòs	cleso	<u>'</u>	10715
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? PERFORMED? 1 YES 2 NO OF DEATH?						24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
IYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	□ DOA 4 1	THER: Nursing Home		6 Other (Specify)		
2 Accident Investigation								
COMPLETED	29s. CERTIFIER (Check only	CIAN: To the best of my knowledge, de R: On the basis of examination and/or i						
TO BE CC	28b. SIGNATURE AND TITLE OF CERTIFIES	Suche			DOO S	MBER TOC	29d. DATE	SIGNED Month, Day Mars

VILLAGE MEDICAL CENTER, MECHANICSVILLE, MD. 20659

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE hie Davidson-Randalle

LEON BERUBE, M.D.

8 '90

31. DATE FILED (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	NDING	: After	r deat	is m
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	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF I	WARYLAND / DEPAI CERTIF	RTMENT OF I		MENTAL HYGIEN REG. NO		30 1492
1. DECEDENT'S NAME (First, Middle, Last)		_			2. DATE OF DEATN		3. TIME OF DEATN
Garney R.	Gale .	Sr.			MONTH D	2 7	70 220 PM
4. SOCIAL SECURITY NUMBER	6, SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN		BIRTNPLACE (State or Foreign
214-36-7482	1 🔯 M 2 🗆 F	53 YRS.	MONTHS DAYS	HOURS MIH.	(Month, Day, Year)	077	Country)
Sa. FACILITY NAME (If not institution, give		-00	AL OUTY TOWAL	OR LOCATION OF DI	1-16-1	9c. COUNTY	OF DEATH
Edw.W.McCread		Hoenital	Cris		EATH		ierset
	y mem.	nospitai	0113	riera			
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY.	10c CI	TY. TOWN OR LOCA	TION			10d. INSIDE CITY
The state of the s	Somerse	0.110	Mario				LIMITS?
100. STREET AND NUMBER	381-A		10	7. ZIP CODE	7	10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS		AT EVED IN H. C. ADMED	40 900 05				PACE American Indian
1 Never Married 2 Merried	FORCES?	NT EVER IN U.S. ARMED	If yes, s	pecify Cuban, Mexica	NIC ORIGIN? (Specify Ye an, Puerto Rican, etc.)	0 OF NO- 14.	RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE	HAR OR DATES	1 🗆 YE	S 2 NO Specif	fy:		Specify:
							Black
15. DECEDENT'S ED (Specify only highest grad		(Give kind of	S USUAL OCCUPAT work done during m		16b, KIND OF BU	1 -	
Elementary/Secondary (0-12)	College (1-4 or 5				Truc	KDYI	PEC
12		LADO	orer			/	
17. FATHER'S NAME (First, Middle, Last)	0 1			18. MOTNER'S NA	AME (First, Middle, Malder	Sumeme)	
(2- Arney K	GALE			BEU	JAh Co	rbin	
19. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	end Number or Rural	Route Number, City or Tov	vn, State, Zip Co	de)
Shellie A	1. MATA	VEC Rt	1 RAY	281AN	MARIONA	11/7.	1838
20 METHOD OF DISPOSITION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20b. PLACE OF DISP	OSITION (Name of co			CATION — City	or Town. State
1 1 Buriel 2 Cremetion 3 Rec	moval from State	other place)		0			sco Ma
4 Donation 5 Other (Specify)	volumes.			ZET CE	WI.	Arum	sco rivas
· Hullay	Ma	-				St.,0	Crisfield,Md
23. PART I. Enter the diseases, or	complications th	at caused the death. Do	not enter the m	oda of dying, au	ch se cardisc or resp	iratory arrest	, Approximata
ahock, or heert fellure	. List only one ca						Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition		Cardio respin	15 B	Acres			Ollege and Death
resulting in death)	•			ww.			
N		O (OR AS A CONSEQUENCE					
Sequentially list conditions,		hiseminated (
If eny, laeding to immediate		O (OR AS A CONSEQUENCE					
cause. Enter UNDERLYING CAUSE (Disease or Injury	G	sastric Adams		2			
that initiated events	DUE TO	O (OR AS A CONSEQUENCE	OF):				
resulting in death) LAST	d						
PART II. Other algnificant condition	on tributing to	o death but not resulting	in the underlyi	ng cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Linear	om tell (arrione Pa	ale .		1 _ YES	2 NO	COMPLETION DF CAUSE DF DEATH?
							1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (C	thank one)	·	
EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3 ☐ DOA					
1 TYES 2 (7) NO			Access to the second		6 Other (Specify)	4 NOSS 1	
27. MANNER OF DEATH 1 Natural 6 Pending	28a. DATE O (Month,	Day, Year)	RJUNY: V	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUP	RED
2 Accident Investigation				YES 2 NO			
3 Suicide 6 Could not b	28e. PLACE building	OF INJURY — At home, farm I, etc. (Specify)	, atreet, factory, off	Ice	281. LOCATION (Street City or Town, Stell	end Number or	Rural Route Number,
4 Homicide determined							
290. CERTIFIER 1V CERTIFYING PHY	SICIAN: To the best	of my knowledge, death occu	rred at the time, da	te end place, end du	re to the cause(e) end m	enner as stated.	
CONTROL ONLY		-					euse(e) and manner as stated.
						_	
29b. SIGNATURE AND TITLE OF CERTIF	ET O	· Mr		29c. LICENSE NU	JMBER		IGNED (Month, Day, Year)
	14 0 m	MD.				5	.3.90
30. NAME AND ADDRESS OF PERSON V	HO COMPLETED CA	USE OF DEATH (ITEM 27) (IV	ne Print)				

#413, Crisfield, Md.

21817

11, Rt. #413, C 32. AGGISTRAR'S SIGNATURE July Davidson-Randelle

William Gill,

Dr.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within _= fours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the hineral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

PHYSICIAN: MEDICAL CERT

BE COMPLETED BY

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4 Homicide

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	1 - STATE REGISTRAR	STATE OF N	IARYLAND / DEP/ CERTI	RTMENT OF		MENTAL HYGIEN	NE .		
,	1. DECEDENT'S NAME (First, Middle, Lest) Goldie &	Glass				2. DATE OF DEATH MONTH	YEAR 7 - 90	3. TIME OF DEATH	н
	4. SOCIAL SECURITY NUMBER 213 - 18 - 8 9 9 1	5. SEX 1 M 2 F	6. AGE (In yrs. lest birthde	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	ing in Cour	THPLACE (State or For	nyan -
TOR	96. FACILITY NAME (If not Institution, give (ACC)		65PTA1	9b. CITY, TOWN	OR LOCATION OF E	DEATH C	9c. COUNTY OF		
DIRECTOR	10e. STATE 10b. COUNTY MD CAR		10c. (IKES VIL				10d. INSIDE CITY LIMITS? 1 YES 2	
FUNERAL	100. STREET AND NUMBER 4104 BETH U	JAY D	RIVE		2178	4	10g. CITIZEN OF	WHAT COUNTRY?	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S., ARMED YES 2 NO MR OR DATES	If yes,		ANIC ORIGIN? (Specify Yellan, Puerto Rican, etc.) ify:	Bia	CE — American India lock, White, atc. Polly: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Hemen MAKER. 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homen MAKER.								
BE CON	17. FATHER'S NAME (First, Middle, Last)	m. Br	owning		18. MOTHER'S N	AME (First, Middle, Malder	Arrigate	N	
10	CAIVIN GIAS.		19579412	College A	10 Syx	Route Number, City or To	Md.	21784	1
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetton 3 Rei 4 Donetton 5 Other (Specify)		20b. PLACE OF DIS	w Come	Semetery, cremitory or	m	PERIOTY	Fulle P	id.
	21. SIGNATURE OF FUNERAL SERVICE L	Harah	l	H	AND ADDRESS OF F	snern!	Home -	Bex 192 Enkesille	M
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on sech line.								ata atween d Death
	disease or condition resulting in death)	a. V·Q	(OR AS A CONSEQUENCE	OF):	entit	26		Jul _	Town
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO	OR AS A CONSEQUENCE	Noco	rual c	lugar	uan		
띮	CAUSE (Disease or Injury that Initiated events	C. DUE TO (OR AS A CONSEQUENCE OF):							

resulting in death) LAST

	d	
PART II. Other algnificent condition	one contributing to deeth but not resulting in the	ne underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO
1 TYES 2 NO	COMPLETION OF CAUSE OF DEATH?

1 TES 2 NO

90

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 [Inpitient 2 | ER/Outpatient 3 | DOA OTHER:
4 □ Nursing Home 5 □ Realdence 6 □ Other (Specify) 1 YES 2 140

27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner ea stated.

One)

2 MEDICAL EXAMINER: On the basic of examination endor investigation in my opinion, death occurred at the time, data and place, and due to the cause(e) and menner ea stated.

2 _ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and do 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Afonth, Day, Year)

Colmoral du Magana	D18200	4
NAME AND ADDRESS OF DESCRIPTION OF THE PROPERTY OF THE PROPERT	10/ 4000	_

. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print)		1	0 1	CONTRACTOR WAS INC
CHTRACHEDY	AMMERSAM	nD.	700	A	porce	1-0	WESTM WSTOR HD2115=

32. REGISTBAR'S SIGNATURE
Junia Davidson-Randall MAY 18 90

Market, and passed principle to the second

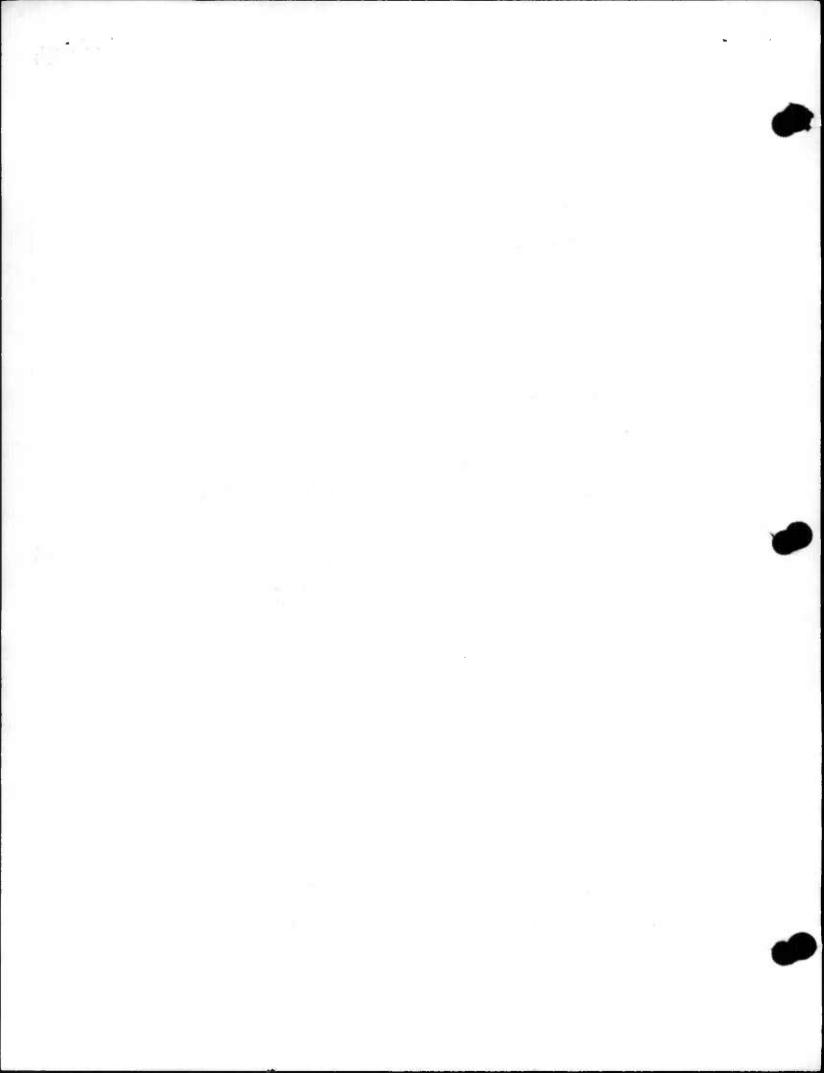
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OINIE OI I	CE			F DEAT			REG. NO.				
1. DECEDENT'S NAME (First, Middle, Li	nst)						2. DATE OF	OEATH		WEAR	3. TIME OF DE	ATH
Elizabeth Wynne	Hudgins						Month	16,	199	YEAR O	8:00	Ам
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEA	IF UNDER	24 HRS.	7. DATE OF			8. BIRTI	HPLACE (State or	Foreign
220-46-1425	1 🗆 M 2 🔀 F	100	YRS.	MONTHS DAY	'S HOURS	MIN.	NOV.		1889	Vir	ginia	
Sa. FACILITY NAME (If not institution, g	ive street and number)			9b. CITY, TOV	N OR LOCATIO	N OF OE			9c. COU	NTY OF D	DEATH	
Rockville Nurs	ing Home			Rockvi	11e				Mon	tgom	erv	
RESIDENCE OF DECEDENT				21001112					11011	090	<u> </u>	
10e. STATE 10b. COI	UNTY		10c. CITY,	TOWN OR LO	CATION						10d. INSIDE CIT	TY
Maryland Mo	ntgomery		Ro	ckvil	le						1 X YES 2	NO
10e. STREET AND NUMBER					101. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY	•
303 Adclare Ro	ad				208	50			Uni	ted	States	
11. MARITAL STATUS		T EVER IN U.S. AR			DECENDENT O				or No-	14, RAC Blac	E — American In-	dlen,
1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE Y				YES 2 X NO			, 5.5,		Spec		
	FOUCATION	T 44- 05	OFFICE L	1	ATION:		405 1/2	ND OF BU	DIMEGO (INI	DUCTOY	White	
15. DECEDENT'S (Specify only highest of	rade completed)	(G	ive kind of wo	ISUAL OCCUP ork done during method)	most of working	g	100, KI	ND OF BO	PINESS/INI	DOSINI		
Elementery/Secondery (0-12)	College (1-4 or 5	+)						Own H	Ome			
12 17. FATHER'S NAME (First, Middle, Last	4	j H	omema	ker_	40 14071	EOIO NA	ME (First, Mid					
					1113-00							
James Corneli	us wynne	L		DDOFOG (D)	eet and Number	_	Elizab			in Control		
											- 1	
Bettie H. Miles		$\overline{}$			3, Gri		eau, v			2306	own, State	
1 X Buriel 2 Cremetion 3 🗆	Removal from State	other pi	aca)			alory or						
4 Donation 5 Other (Specify) . 21. SIGNATURE OF FUNERAL SERVIC	F I ICENSEF			Cemete		SS OF EA	CILITY	Ham	pton	, V1	rginia	
Farbara go	2.2.00	M003	381	Robe	rt A.	Pump	Threy	Fune	ral H	Iome/	/ 7 Wisco	nein
tarbara you	me muller	ORWA	nce	Aven	ue, Be	thes	sda, M	aryl	and	2081	14-3501	ISIII
23. PART I. Enter the diseases,	or complications the			ot enter the	mode of dyl	ng, suc	h ea cardla	c or reap	iretory ar	rreat,	Approxi	mate Between
IMMEDIATE CAUSE (Final											Onset a	nd Death
disease or condition resulting in deeth)	0.	mal	190	nau	W-1	000	sible	lyn	upli	una	2 6 m	cu K
	DUE TO	(OR AS A CONSE	OUENCE OF): _ /	JI			J	1			
Conventiolly that conditions	Ь	OR AS A CONSE		recl	a	19	R					
Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF):		0						
CAUSE (Diaease or Injury	c											
that initieted events resulting in death) LAST	DOE 10	(OR AS A CONSE	OUENCE OF):							İ	
	d											
PART II. Other significant cond	Itiona contributing to	death but not	reaulting is	n the under	lying cause g	given in	Part I. 2	4a. WAS AN		24	b. WERE AUTOPSY	
							Ι,	PERFO			AVAILABLE PRIC	
							_ '	_ ,	27		OF DEATH?	ON C
							_					
25. WAS CASE REFERRED TO MEDICA	AL			2	6. PLACE OF O	EATH (Ch	neck only one)					
EXAMINER? 1 YES 2 X NO	HOSPITAL:	☐ ER/Outpatient :	B DOA	OTHER:	Home 5 🗆 Re	aldence	8 Other (Specify)				
27. MANNER OF OEATH	28e. OATE O	FINJURY	28b. TIME	OF 280	INJURY AT		28d. DESC		INJURY O	CCUREO		
1 Netural 5 Pending		Day, Yoar)	INJU		WORK?	NO						
2 Accident investiget 3 Suicide 6 Could no	28e. PLACE	OF INJURY — At he	ome, ferm, a	treet, tectory,	office					er or Rural	Route Number,	
4 Homicide determine		, etc. (Specify)					City or	Town, State)			
29e. CERTIFIER	PHYSICIAN: To the best of	f my knowledge d	s of h annum	d at the time	data and place	and div	to the source	(a) and m		atad		
Check only	MINER: On the besis of										(s) and manner e	e stated.
				i, iii iiy opiiii								
29b, SIGNATURE AND TITLE OF CERT	TIFIER	1.1	M	7	29c. LICI	ENSE NU	MBER	~	29d. DA	TE SIGNE	O (Month, Day, Ye	ar)
. // -	1 47 . 47 .	I ICAV	11	しノ	1 1)	10	1 / X	5		$\cup II$	0140	/
traule	IV WY	IDE OF DEATH	M 07 C	All mall			-		-		-/	
30. NAME AND ADDRESS OF PERSON	<i>y</i> .									7	/	
30. NAME AND ADDRESS OF PERSON Frauke Westpha. 31. OATE FILEO (Month, Day, Year).	L M.D. 809				Rockvi	lle,	MD 2	20851		1	1	



FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

	1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE OF DEATH	WAY II O O C	3. TIME OF DEATH	
Ì	FRA	NK	L. HEWITT, JR.						MAY 14,	7:50 F	• м	
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (in yrs. in		t birthday) IF UNDER t YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or For Country)	200
	214-03-8721		1X M 2 □ F	73	YRS.				MARCH 3,		WASHINGTON,	, DC
OR	9a. FACILITY NAME (If not in 14614	DEERH		TERRACE			WN OR LOC SILVE	R S	PRING		ONTGOMERY	
딥	RESIDENCE OF DEC	10b. COUNTY	1		10c. CITY.	TOWN OR L	OCATION				10d, INSIDE CITY	
SIR	MARYLAND		MONTGOM	ŒRY		SILVE	R S	PRING			LIMITS?	NO
7	10e. STREET AND NUMBER						10f. ZIP C	ODE		10g. CITIZ	EN OF WHAT COUNTRY?	
EB/	14614	DEERH	IURST I	TERRACE				20906			USA	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 💢 3 Widowed 4 Divo			NT EVER IN U.S. A I X YES 2 (WAR OR DATES	RMED NO	If ye	s, specify C		NIC ORIGIN? (Specify Year, Puerto Ricen, etc.) fy:	e or No-	14. RACE — American India Black, White, atc. Specify: WHITI	
	15. DEC	EDENT'S EDU	CATION		DECEDENT'S U				16b. KIND OF BU	JSINESS/INDL		
	(Specify onl	y highest grade	completed) College (1-4 or 5	- 4	Give kind of wi fe. Do NOT use	ork done duri retired.)	ng most of w	orking				
됩			2		REALTO	R			REAL	ESTATI	E	
BE COMPLETED	17. FATHER'S NAME (Flist, M FRANK I		VITT, SR					OTHER'S NA	AME (First, Middle, Meider PR	OCTER		
TO B	19a. INFORMANT'S NAME (I	,	TT (WI						Route Number, City or Ro CE, SILVER		NG, MARYLANI	
	20e. METHOD OF DISPOSIT 1 Description Surface	n 3 🗆 Rem	oval from Stata	20b. PLAC other GAT	e of disposi	HEAV		cremetory or EMETE	11 20		PRING, MARY	LAND
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	- /		22. NA	ME AND AD	DRESS OF F	ACILITY			
	- mu	Luel	2 Bi	glu		500	UNIV	ERSIT		., SI	L. SP., MD :	2090
	23. PART i. Enter the d shock, or h IMMEDIATE CAUSE (Fil disease or condition resulting in deeth)	aart faliure.	List only one ce	o (OR AS A CONS	re.	Carri	e mode of	7 1	the lu	7	Approximation interval But Onset and	etween
TION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
TIFICA	couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST											
CER			d									
MEDICAL CERTIFICATION	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in									N AUTOPSY ORMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH?	TO
									_		1 🗍 YES 2 🗍 I	NO
AN	25. WAS CASE REFERRED 1	O MEDICAL					28. PLACE (DE DEATH (C	heck only one)			
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home SA Residence 6 Other (Specify)											
PHYSICIAN:	27. MANNER OF DEATH	Pending	26e. DATE C		26b. TIME	E OF 20	ic, INJURY /	AT	28d. DESCRIBE HOW	INJURY OCC	URED	
ED BY	2 Accident Investigation								281. LOCATION (Stree City or Town, Stell	t end Number e)	or Rural Route Number,	
COMPLET	one)								e to the cause(e) end m			stated.
E CO	296. LICENSE NUMBER 296. CATE SIGNED (Movin, Dec. Year)											
0	30. NAME AND ADDRESS OF BERSON WHO COMPLETED SAUSE OF DEATH SITES 27) (Type Print)								UDX 334	b 7	1/290	
TO BI	30. NAME AND ADDRESS OF	A	num	DE OF DEATH (an crea	Print) T-N	0/	10 x	10/38/	¥32	5-17-90	
0	30. NAME AND ADDRESS O	P ING	O COMPLETED OF	BEE OF DEATH (I	h. £	T-H	, 00	No. X	MI-20	132	5-17-9°	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		
or at	For use		
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DOBCI	and L	to but	mati
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ertific	ing ph	rgiene	othe
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requir	een sig	of He	show
e law	has b	Dept.	1 23
N: Th	ficate	State	lten.
YSICIA	s certi	th the	d. 0
IG PH	ter this	ath wi	narke
ENDIN	DR: At	ter de	B Is
R ATT	RECT	urs af	9m 28
TAL 0	3AL DI	72 ho	If the
HOSPI	FUNE	within	TANT
THE	THE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
2	2	2	3

1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND	MENTAL HYGIEN	_				
1. DECEDENT'S NAME (First, Middle, Last) OAVIO OSCA	R HER	LER			2. DATE OF DEATH BOTH D	AY YEA				
4. SOCIAL SECURITY NUMBER 231-36-5117 9a. FACILITY NAME (if not institution, give st	5. SEX 6. AGE	(In yrs. last birthday) 60 YRS.	IF UNDER 1 YEAR MONTHS. DAY		7. DATE OF BIRTH (Month, Day, Vear) March 14,	6. B	IRTHPLACE (State or Foreign purity)			
SHADY GROVE	ADVENTIST	HOSP.		KUILLE	:Alfi		TEOMERY			
10a. STATE 10b. COUNTY	Montgomery	10c. CITY	r, town on Lo Der	cation wood			10d. INSIDE CITY LIMITS? 1 YES XX NO			
100. STREET AND NUMBER 7125 Mill Run Dri	ive			101. ZIP CODE 20855		-	States			
11. MARITAL STATUS 1 Never Married 2XXMerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I NOT avail	2 NO	If you,	DECENDENT OF HISPA apocity Cuban, Maxic (ES ZXXNO Speci			RACE American Indian, Black, White, atc. Specify: Inite			
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of w life. Do NOT us	vork done during	ATION most of working	16b. KIND OF BU	SINESS/INDUSTI	TY			
12	2	Insuran	ice Age	nt	I	nsuranc	e			
17. FATHER'S NAME (First, Middle, Last)				Control of the second	ME (First, Middle, Maiden					
Russell Hepler	r				Fay Heple		- 1			
19a. INFORMANT'S NAME (Type/Print)	-1				Route Number, City or Tox					
Eleanor Lewis-Her				Run Drive, Derwood, Maryland 20855						
20e. METHOD OF DISPOSITION 1		other place)	Crema	torium, I	nc. Bet		Maryland			
22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Home/Rockville, In 300 W. Montgomery Ave., Rockville,										
iMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF	Fery 1	retion Disease			Interval Between Onact and Death I day			
PART II. Other algorificant condition Atherascleratic					Part I. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 D-NO			
25. WAS CASE REFERRED TO MEDICAL		B. PLACE OF DEATH (C	heck only one)							
EXAMINER?	HOSPITAL:	tostient 3 DOA	OTHER:	Home 5 - Residence						
	26s. DATE OF INJURY	28b. TIM	E OF 28c.	INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED			
27. MANNER OF DEATH	(Month, Day, Year)	INJ		WORK? YES 2 NO	26f. LOCATION (Street and Number or Rural Route Number.					
1 Natural 5 Pending 2 Accident Investigation	28e. PLACE OF INJUR	Y — At home, farm,	street, tactory,	4 Homicide detarmined building, stc. (Specify)						
1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be detarmined	building, atc. (Sp	ecify)			City or Town, State	"	ural Floute Number,			
1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only	building, atc. (Sp	ecify) wledge, death occum	ed at the time,	dete and place, and du	City or Town, State	nner as stated.	use(a) and manner as stated.			
1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only	building, stc. (Sp BICIAN: To the best of my kno ER: On the basis of examinati	ecify) wiedge, death occurr ion and/or investigatio	ed at the time, on, in my opinio	dete and place, and du	City or Town, State to the cause(s) and me time, data and place, a	nner as stated.	use(s) and manner as stated.			
1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	building, stc. (Sp BICIAN: To the best of my kno ER: On the basis of examinati	ecify) wiedge, death occurr ion and/or investigatio	ed at the time, on, in my opinio	dete and place, and du	City or Town, State to the cause(s) and me time, data and place, a	nner as stated.	use(e) and manner as stated.			



DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	9
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ysician.
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit it	irial-transit
be filed within 72 hours after death with the State Dept. of Health and Memial Hygiene prior to burial, cremation, or removal.	
IMPORTANT: It tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEP/	ARTMENT OF HEALTI		ITAL HYGIENI	E	L.o.
	1. DECEDENT'S NAME (First, Middle, Last)	Lillian L.		2. 0	DATE OF DEATH		3. TIME OF DEATH
	Lillian	L. Hen	310-	"	5 DA		5 5°A M
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. lest birthda		ER 24 HRS. 7. D	ATE OF BIRTH		IRTHPLACE (State or Foreign ountry)
	217-44-4223	□ M 2 0 F 81 YRS	. MONTHS DAYS HOURS	MIN. Ma	Month, Day, Year)	1909 Wa	ashington, DC
	9a. FACILITY NAME (If not institution, give street	and number)	9b. CITY, TOWN OR LOCA	TION OF DEATH		9c. COUNTY C	OF DEATH
DIRECTOR	Fernivood	- Huse	Bether	rda "	m D	Mr.c-	nt gamery
[<u>등</u>	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	100	CITY, TOWN OR LOCATION				10d, INSIDE CITY
E		gomery	Rockville				LIMITS?
	10e. STREET AND NUMBER	5	10f. ZIP CO	DE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	11920 Glen Mill R	toad		20854		United	d States
	11. MARITAL STATUS 12	. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT			or No- 14. I	RACE — American Indian,
	1 Never Merried 2 Merried	FORCES? 1 YES 24 NO	If yes, specify Cu 1 ☐ YES 2 🖹 N		erto Rican, etc.)		Black, White, atc. Specify:
BY	3 Widowed 4 Divorced						White
9	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted) (Give kind	T'S USUAL OCCUPATION of work done during most of wor IT use retired.)	king	16b. KIND OF BUS	BINESS/INDUSTI	RY
اتا	Elementary/Secondary (0-12)	College (1-4 or 5+)	emaker		Ov	vn Home	
COMPLET	17. FATHER'S NAME (First, Middle, Last)	5+	16 M	TUED'O NAME //	First, Middle, Maiden	Company	
	Henry F. Lunenbur	-a			a Miller	,	
B	19a. INFORMANT'S NAME (Type/Print)		ING ADDRESS (Street and Numi				n)
2	Raymond E. Hengren		O Glen Mill				
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal	20b. PLACE OF DIS	POSITION (Name of cometery, co	rematory or	20c. LO	CATION — City	or Town, State
	1 Buriel 2-APCremation 3 Removal 4 Donation 5 Other (Specify)	from State Montgome	ry Crematori	um, Inc	. Beth	esda, M	Maryland
Ш	21. SIGNATURE OF FUNDRAL SERVICE LICEN	IKE	Robert A. Betheso	PIIMODI	rev Funei	ral Hom	e/
	Muchael C. X	M00846	Betheso 7557 Wisc	la-Chevy	Chase,	Inc.	MD 20814
Н	23. PART I. Enter the diseases, or com	plications that caused the death. C					
	ahock, or haart failure.	only one cause on each line.		1			Interval Batween Onset and Daeth
	disease or condition resulting in death)	End Stage	PINAD	huse	enia		
	resorting in opening / a	DUE TO OR AS A CONSTOUENCE	E OF):	- (1)	-, , ,	0 1	1
Z	Sequentially list conditions, b	Kerustant	Congest	weh	eart	eu	ule
Ĕ	If any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE	E OF):			U	
	CAUSE (Disease or Injury 6	DUE TO (OR AS A-CONSEQUENCE	E OFI:	. 4			
CERTIFICATION	that initiated events resulting in death) LAST	Serie J	Deman m	ta			
핑	d			7,00			
A I	PART ii. Other algnificant conditions of	ontributing to death but not resulti	ng in the underlying caus	e given in Pari	I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDIC					1 YES 2	DAG	OF DEATH?
M							1 YES 2 -NO
ä							
PHYSICIAN:		IOSPITAL:	OTHER:	F OEATH (Check o			
ΙΥS	1 YES 2 NO 1	□ Inpatient 2 □ ER/Outpatient 3 □ DO 2Sa. DATE OF INJURY 28b.	TIME OF 28c. INJURY AT		Other (Specify)	N HIEV OCCUP	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY WORK?	100	a. DESCRIBE NOW	MOONT OCCOR	
ВУ	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJURY — At home, fee			LOCATION (Street	and Number or R	tural Route Number,
TED	4 Homicide 6 Could not be	building, atc. (Specify)			City or Town, State)		
Ä	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, death oc	curred at the time, data and ple	ace, and due to ti	he cause(s) and ma	nner as stated.	
COMPLET	cond only	On the basis of examination and/or investig					use(s) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	1 1	29c. L	ICENSE NUMBER	1	29d. DATE SI	GNED (Month, Day, Year)
BE (X. Hud	hakar M.D	D	3579	12	15	-21-90
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (ITEM 27)	Type, Print)	- 14	(D) A		
	S. SUDHAK	-AK, SOW, EI	MONSTON	Dr,#	504, R	ockv	ILLEIMD
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE			·		0.7
	MAY 22 '90	Julia Davidson Par	dell				

£26.11 00

Nong

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last) JONATHAN ANDR	EW HARRIS				2. DATE OF DEATH MAY 10, I	990 YEAF	3. TIME OF DEATH 1:50A.M. M
	4. SOCIAL SECURITY NUMBER 237-84-6165 9a. FACILITY NAME (If not institution, give st	1 JM 2 🗆 F	40 YRS. MON	CITY, TOWN O	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE		Cor	TINPLACE (State or Foreign untry)
5	THE JOHNS HOPKI	NS HOSPITAL	B	ALTIMO	RE		BALTIM	ORE CITY
OING!	Maryland Anno	e Arundel	10c. CITY, TO	Annap				10d. INSIDE CITY LIMITS? 1 VES 2 NO
- 1	10e. STREET AND NUMBER				ZIP CODE		17.0	F WNAT COUNTRY?
I LUNEHAL	211 Georgetows 11. MARITAL STATUS 1 Never Married 2 A Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, spe	2140. ENDENT OF HISPAN Helfty Cuban, Maxical 2 NO Specify	IC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	Bi Si	ACE — American Indian, lack, White, atc. pecify:
150	15. DECEDENT'S EDU		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mos		16b. KIND OF BUS		White
MPLE	Elementary/Secondary (0-12)	2	Sales &	Servi			outer	
3	17. FATNER'S NAME (First, Middle, Lest) Richard Warwic	ak Hannia				ME (First, Middle, Meiden thy Pegg	Sumame)	
	19a. INFORMANT'S NAME (Type/Print)	CK Harris	19b. MAILING ADD	ORESS (Street a		Route Number, City or Tow	n, State, Zip Code)	
-	Ellen Frances							MD 21403
	20a, METHOD OF DISPOSITION 1	ovel from State	other place) Lillcrest				cation — chy or a polis	
	21. SIGNATURE OF FUNDINAL SERVICE U	Taylor		Taylo	r Funer		1	21401
PHISICIAN: MEDICAL CERTIFICATION	23. PART L Energine diseases, or a shock, or heart failure. IMMIDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immadiate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	Shad TOW	ock	Part I. 24a. WAS AN PERFO! 1 YES 2	AUTOPSY RMED?	Approximate Interval Between Onset and Death Tours 1400 45 14 MOS 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2	EXAMINER?	HOSPITAL:		THER:		8 Other (Specify)		
ВУ РНУ	27, MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO	URY AT PRINCE 2 NO	28d. DESCRIBE NOW	INJURY OCCURE)
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, atree colfy)	rt, factory, offic		261. LOCATION (Street City or Town, State		rel Route Number,
COMPLEIED	noni —	HCIAN: To the best of my known ER: On the beals of axemination						ise(a) and menner as stated.
OBE	29b. SIGNATURE AND TITLE OF CERTIFIE	Ampline	M.D.		29c. LICENSE NUI E8292	MBER	29d. DATE SIG	NED (Morith, Day, Year)
	Tother S Ho	whrey, w	1.D.		Wolfe S	t., Boulti	more,	MD 21205
	31. DATE FILED (Month, Day, Year) MAY 1 5 1990	Julia Davidson	Anders					

. .

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatle event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	•	FOR STATE REGISTRAR
_		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCLENE

- STATE REGISTRAR		OINIE OI I	IIAII LAN	CERTIF	ICATE		DEATH	IN EN IN	REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)				. 1			2. DATE	OF DEATH			3. TIME OF DEATN
PATRICI	Α	ANN		1	105	tin	95	12	ZV 3	199	SAR	1906
4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In y	rs. lest birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE	or BIRTH h, Day, Year)			PLACE (State or Foreign
218-34-3226		1 🗌 M 2 💢 F	5	YRS.	MONTHS	DAYS	HOURS MIN.		2- 1938	3	M A 1	RYLAND
De. FACILITY NAME (If not ins	stitution, give str	reet end number)			9b. CITY	, TOWN O	R LOCATION OF D		2 1730	9c. COUN		
eninsula Gen	eral H	ospital			alis	sbury	, MD			Wico	mico)
RESIDENCE OF DEC	EDENT											
IOa. STATE	10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCAT	ION					10d. INSIDE CITY LIMITS?
MARYLAND	W]	COMICO			SA	LISB						1 X YES 2 NO
0e. STREET AND NUMBER						101.	ZIP COOE			10g. CITIZ	EN OF V	WHAT COUNTRY?
109 LEHIGH	AVE						21801				USA	
11. MARITAL STATUS	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.	S. ARMED			ENDENT OF HISPAI cify Cuban, Mexico			or No-	14. RACE Black	- American Indian, r, White, atc.
Widowed 4 Divo		IF YES, GIVE V	WAR OR DATE	s		1 YES	2 NO Specif	y:			Speci	WHITE
15. DECI	DENT'S EDUC	ATION	16	e. DECEDENT'S	USUAL O	CCUPATIC	N	161	. KINO OF BUSI	NESS/INDL	ISTRY	WILLE
	highest grade			(Give kind of v life. Do NOT us	work done							
9 YEARS	12)	NO	*,	HO	USEW	IFE			HOM	Ξ		
7. FATHER'S NAME (First, Mi	ddle, Last)						18. MOTHER'S NA	ME (First,	Middle, Maiden S	Sumama)		
WALTER		JAMES		WEST			AMAN	DA	MA	AE	1	ENNIS
90. INFORMANT'S NAME (7)	rpe/Print)			196. MAILING	ADDRES	S (Street a	nd Number or Rural	Floute Num	ber, City or Town	Stete, Zip	Code)	
HERB J. WES	T			RT	2, B	OX 3	72, DELM	IAR,	DEL	1994	0	
METHOD OF DISPOSITI	ON 5/7	7/90	20b. PI	LACE OF DISPOS	SITION (No	me of cen	netery, crematory or		20c. LOC	ATION — C	ity or To	wn, State
Burlel 2 ☐ Cremation ☐ Other		rigii from State		ARSONS	CEME'	TERY			SAI	LISBU	RY,	MD
H. SIGNATURE OF FUNERAL	signings you	ENSEE /	-	7	22.	NAME AN	DADDRESS OF FA	CILITY				
» UVK	Nes	11,	-//	/	5	OLLO	NOW HILL	RD.	SALISI	BURY.	MD	21801
IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition if eny, laeding to immercuse. Enter UNDERLY! CAUSE (Disease or injuthat initieted events resulting in deeth) LAS	ons, diete	DUE TO	OR AS A CO	ONSEQUENCE OF	F):	Al	LURE					10 yr.
PART II. Other significe	nt condition	a contributing to	death but	not resulting	in the u	nderlying	g cause given in	Part I.	24s. WAS AN PERFORM	MED?	246	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF DEATH (C	heck only o	ne)			
1 YES 2 NO		HOSPITAL:	☐ ER/Outpatio	ent 3 🗆 DOA	OTHE		e 5 Reeldence	8 🗆 Oth	er (Specify)			
?. MANNER OF DEATH		28s. OATE OF	FINJURY	28b. TIM	IE OF	26c. INJ	URY AT		SCRIBE NOW IN	JURY OCC	URED	
	Pending investigation	(MORII), L	Day, Year)	IN	JURY M		RK? (ES 2 NO					
3 Suicide	Could not be determined	28e. PLACE (building	OF INJURY — , atc. (Specify)	At home, farm,	street, fac	tory, offic		28t. LO- C/t)	CATION (Street e or Town, State)	nd Number	or Rural i	Route Number,
one)		CIAN: To the best of										e) and manner as stated
SE SEGNATURE AND TITLE	-JM	ozelw	,				29c. LICENSE NU	-16	0,	> M	'an	(Month, Dey, Year) 4, 1990
O. NAME AND ADDRESS OF	Jun _	O COMPLETED CAL	ISE OF DEATH	H (ITEM 27) (Type	Print)	PG	Hme	SA	L15BU1	Ry.	mo	1/80,

31. DATE FILED (Morith, Day, Year)
MAY 0 9 90

32. REGISTRAR'S SIGNATURE

Secretary and the secretary and the

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DIVISIO

		1 - FOR STATE REGISTRAR	TATE OF MARYLA		TMENT OF H			GIENE G. NO.						
)		1. DECEDENT'S NAME (First, Middle, Last) William J	ames HORI	VER			2. DATE OF OI MONTH	DAY Y	3. TIME OF DEATH					
E			anics	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI (Month, Day,	RTH 6.	BIRTHPLACE (State or Foreign Country)					
_3			XM2□F 84	4 YRS.	MONTHS DAYS	HOURS MIN.	07/2	1/1905	Maryland					
	<u>د</u>	9s. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	OR LOCATION OF DE			Y OF DEATH					
	CTO	303 Henry Street RESIDENCE OF DECEDENT 108. STATE 109. COUNTY	3 L	T 40 - 017	Y, TOWN OR LOCA	Cambrid	1 DC	orchester						
~	FUNERAL DIRECTOR	AT 114 14 THE TOTAL THE TO	nester	100, 01	Cambri			LIMITS?						
nsit permit.		10a. STREET AND NUMBER				1. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?						
Sit		303 Henry Stree	WAS DECEDENT EVER IN	110 101100		JS								
	BY FU	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES	2 NO	RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 N NO Specify: Specify:									
al or attend for use as	COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	WSUAL OCCUPATI work done during me se retired.)	ost of working	17 1000	OF BUSINESS/INDUS	тяу					
hospit ached	MP	8 17. FATHER'S NAME (First, Middle, Last)		Self	Employe	d Produ	_							
of to		William James	s Horne	r		COMMISSION IN	Sinc							
	TO BE	19a. INFORMANT'S NAME (Type/Print) Beverly Snelling		19b. MAILING		and Number or Rural I	Route Number, Cl	ty or Town, State, Zip Co	ode) - Md. 21631					
nay be page		20a. METHOD OF DISPOSITION 1 \$\mathbb{Y}\$ Buriat 2 \subseteq Cremetion 3 \subseteq Removal	20b.			metery, crematory or		20c. LOCATION — CIT						
ge 6 m lirector. r mus		4 Donallon 5 Other (Specify)	Do		ter Mem	orial F	ark	Cambrid	dge, Md.					
uneral c	1	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE						eral Home e, Md. 21613					
the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend in the attending physician and completely filled in by the funeral director, page 5 should be detached for use as different hygiene prior to burial, cremation, or removal.		23. PART I. Entar the diseases, or com	plications that caused	the death. Do										
24 ± 24 ± 24 ± 24 ± 24 ± 24 ± 24 ± 24 ±		ahock, or haert feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition ————————————————————————————————————												
B 2 - 0		DUE TO (OR AS A CONSEQUENCE OF):												
an and r to bu	OIT	Sequentially list conditions, If any, leading to immediate Cause, Enter UNDERLYING Diabetes Mellitis												
phy phy	S	cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DIADETES MO		OF):									
E 5 0	CERTIFICATION	resulting in deeth) LAST	Carcinoma 1	Lung w/	pneumon	ectomy (I	۱)							
Me he	CAL C	PART II. Other significant conditions of	ontributing to deeth bu	ut not resulting	in the underlying	ng cause given in	Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO					
부 하 등 조	EDIC/	benign prostatic hypertrophy 1 ves 2 \(\frac{1}{2} \) No of Deaths												
law requires that as been signed bept, of Health a 23 shows any	≥						-		1 YES 2 NO					
- 2 P P	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. F	PLACE OF DEATH (Ch	eck only one)							
ician: ertifica the Sta or ite	IVSI	3.7	☐ Inpatient 2 ☐ ER/Outp	atient 3 DOA	4 - Nursing Ho	me 5 Residence		ecify) IE HOW INJURY OCCU	nen					
PHY this		1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	200. 18	IJURY W	ORK? YES 2 NO	260. DESCRIE	E NOW INJUST OCCU	RED					
OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate his nours after death with the State Diem 28 is marked, or item	TED BY	2 Accident investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)			28f. LOCATION (Street and Number or City or Town, State)			Rural Route Number,					
7 72 +	1 = 1	29s. CERTIFIER 1 CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C							d. cause(s) and manner as stated.					
TO THE HOSPITA TO THE FUNERA De filed within 7	BE C	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d, DATE	SIGNED (Month, Day, Year)					
5 5 3 MI	TO E	30, NAME AND ADDRESS OF PERSON WHO C	Charles M			D2718			11 MAY 90					
-10		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Charles M. Briggs, M.D. DOrchester Gen. Hosp., Cambridge, MD 21613												
		31. DATE FILED (Month, Day, Year) NAY 1 4 '90	32. REGISTRAR SIGN	Sort Rand				41011						

Md.

Approximate

Onset and Death

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DIRECTOR

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IMMEDIATE CAUSE (Finel diseese or condition

Sequentially list conditions,

resulting in deeth)

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th.	ner	PORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m
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I	E W	E
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 — urs after death. Page (THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direc filed within 72 hours after death with the State Dept. of Reath and Mental Hygiene prior to burial, cremation, or removal.	8

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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Hem

TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 h

								90	14501
FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEPA CERTII	CATE	OF DEATH		ENTAL HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, Middle	11973	Maud	to H	HOLT		DATE OF DEATH DA	37	YEAR 90	3. TIME OF DEATH 0420 A M
4. SOCIAL SECURITY NUMBER 220-18-0363	5. SEX 8	AGE (In yrs. lest birthday, 79 vrs.	IF UNDER 11	EAR IF UNDER 24	MIN.	OCT 27	1910	8. BIRTHI Country	PLACE (State or Foreign Virginia
9a. FACILITY NAME (If not institution Frederick Mer		tal	9b. CITY, TO	of DEAT			nty of DEATH Frederick		
	oounty Frederick	10c. C	10c. CITY, TOWN OR LOCATION Frederick						10d. INSIDE CITY LIMITS? 1 YES 2 HO
100. STREET AND NUMBER 5905 Quinn Ro	ad	· · · · · · · · · · · · · · · · · · ·		701		10g. CIT	U.S.A.		
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	EVER IN U.S. ABMED YES 2 ANO R OR DATES			ORIGIN? (Specity Yea Puarto Rican, atc.)	or No—	14. RACE — American Indian, Black, White, etc. Specify: White			
	College (1-4 or 5+)	16a. DECEDENT Gave kind o life. Do NOT Homema	f work done dur use retired.)	UPATION ing most of working		Home	SINESS/INI	DUSTRY	
17. FATHER'S NAME (First, Middle, I John B. Hurst			18. MOTHER'S NAME (First, Middle, Meide Reatha Flore					rubb	
19a. INFORMANT'S NAME (Typo/Pri ROSemary E. Ho					ick, Md.				
20a, METHOD OF DISPOSITION 1 W Burlel 2 Cremation 3 4 Donation 5 Other (Speci	Union Cha		tory or	20c. LOCATION — City or Town, State Libertytown, Maryland					
21. SIGNATURE OF FUNERAL SER	VICE LICENSEE	O O MOO	22. NAME AND ADDRESS OF FACILITY Keeney and Basford Funeral Home					ne	

106 East Church St., Frederick,

if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 10 OF DEATH? 1 YES 2 NO

M00021

23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,

25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (Check only one)								
1 YES 2 NO	HOSFITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 N	R: ursing Home 5 - Residence	6 ☐ Other (Specify)					
27. MANNEB-OF DEATH 1 Natural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED					
3 Suicide 6 Could not b	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fe	ctory, offica	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
204 CERTIFIER	7								

CERTIFYING PHYSICIAN: To the one) 2 MEDICAL EXAMINER: On the basis of tigation, in my opinion, death occured at the time, data and place, and dua to the cause(a) and manner as stated.

29b. SIGNATURE AND TULL OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year) 90

30. NAME AND ADDRESS WHO COMPLETED CAUSE OF DEATH NEM 27) (Type, Print)

shock, or heert feilure. Liet only one cause on each line.

Dr. Casper E. Cline, M.D., 300 West Ninth St., Frederick, Md. 21701

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) FEB 2 8 1990

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			., .,	CE	RTIFI	CATE C	OF C	EATH		REG. NO.	-			
1. DECEDENT'S NAME (First, Midd		- 1								OF DEATH	ν.	YEAR	3. TIME OF DEATH	
		lie Lee			Heath			5-14-90 DAY			TEAN	10:30PM M		
III SELIMINOS VIII III		5. SEX	6. AGE (In yrs. last birthday)			- T	UNDER 1 YEAR IF UNDER 24 HOURS M		7. DATE (Mont	OF BIRTH h, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign	
220-22-3130		1 □ M 2 🂢 F	81 YAS.		YRS.					-80 - 0			nnessee	
3920 Sharp Ro	oad	et and number)						LOCATION OF DE 700d	ATH			ard	County	
RESIDENCE OF DECEDI	COUNTY				10c CITY	TOWN OR LO	OCATIO	N					10d. INSIDE CITY	
Maryland Ho		County			_ `	enwood							LIMITS?	
10e. STREET AND NUMBER							10f. Z	IP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?	
3920 Sharp Ro	oad						2	1738			Ū	.S.A		
11. MARITAL STATUS 1 Never Married 2 Marri 3 Wildowed 4 Divorced		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 X N		If yes	s, speci	DENT OF HISPAN fy Cuban, Maxica NO Specify	n, Puerto		or No—	14. RAC Blac Spec	E — American Indian, k, White, etc. #y: White	
15. DECEDEN	IT'S EDUCA	ATION		16a. DE	CEDENT'S L	JSUAL OCCUP	PATION	ad complete a	168	. KIND OF BUS	INESS/IN	DUSTRY		
(Specify only high Elementary/Secondary (0-12)	est grade ca	College (1-4 or 5	+)			ork done during retired.)		or working	1	2	. 1.			
17. FATHER'S NAME (First, Middle,	(met)				Prant	Farm		IS. MOTHER'S NA	ME /Elmt	Agric		re		
Walter Lo								Mary M	-					
19a, INFORMANT'S NAME (Type/P	rint)			198	. MAILING	ADDRESS (Str		Number or Rural I						
Allen T. Heatl	h			3	920 5	Sharp :	Roa	d Glen	WOOO	, MD 2	1738			
20a, METHOD OF DISPOSITION 1 X Burlel 2 ☐ Cremetion 3	□ Bamer	ed from State	20b		OF DISPOSI			ery, crematory or					own, State	
4 Donation 8 Other (Spec		rai (IOII) State	_					t Cemet		Lis	bon,	Mar	yland	
21. SIGNATURE OF FUNERAL SE		11 1		1	,			Funera		ma (D	O D	1	05)	
· pria	NO	4. Ala	ug	ut				ille, M						
iMMEDIATE CAUSE (Final disease or condition resulting in deeth)		Large DUE TO			nphoma Duence of								Onset and Death	
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated eventa resulting in death) LAST					DUENCE OF	1					_			
PART II. Other algolificant c	onditions	contributing to	death b	out not r	esuiting in	n the under	rlying	cause given in	Part I.	24a. WAS AN PERFOR	MED?	24	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
										INQUIRY			1 ☐ YES ZYZNO	
25. WAS CASE REFERRED TO ME EXAMINER?		HOSPITAL:			1	OTHER:	28. PLA	CE OF DEATH (Ch	eck only o	ne)				
1 XXES 2 NO		1 Inpetient 2		entient 3		4 - Nursing	Home ²	Residence	8 🗆 Oth	er (Specify)				
27. MANNER OF DEATH (XMiture) 8 Period	fing stigation	28a. DATE Of (Month, I	FINJURY Day, Year)		28b. TIME INJU	URY	C. INJUS WORK	RY AT K? S 2 NO	28d. DE	SCRIBE HOW I	NJURY O	CURED		
2 Accident Invest 3 Suicide 8 Coul 4 Homicide dates	OF INJURY atc. (Spec							CATION (Street or Town, State)	Street and Number or Rural Route Number, State)					
TOTAL OTHER		EAN: To the best of a											a) and manner as stated.	
250. GNATURE AND TITLE OF	CERTIFIER	G						29c, LICENSE NUI	MBER		29d. DA		D (Month, Day, Year)	
MANE AND ADDRESS OF PE	RSON WHO	COMPLETED CAU	ISE OF DE	ATH ATE	M 27) (5ma	Print)		OCME					5-15-90	
/ V	on, M	D			,,,,,	111 Pe	enn	Street	,Bal	timore	, MD	2120	1 ,	
31. DATE FILED (Month, Day, Year)		32. REGISTA	AR'S GIGN	ATURE ASSI	Gande									

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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END	R.	er d	- 50	ı
ATT	ECTO	s aft	1 28	I
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-m as after death. Page 6 may be retail of a standing physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shaunds of	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at wrea	I
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31. DATE FILED (Month, Day, Year) MAY 1 6 90

	FOR STATE REGISTRAR	STATE OF I		/ DEPAR					MENT	AL HYGIENI REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DEATH
	ROBERT F	LWOOD	Н	MILTY	NC				MON	12 DA	2	YEAR 90	5:28 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. A		IF UNDER	1 YEAR	af UNDER	24 HRS.	_	E OF BIRTH			PLACE (State or Foreign
	The second secon	4.77	to All Control	YRS.	MONTHS	DAYS	HOURS	MIH.	(Mo	inth, Day, Year)	_	Country	V)
	216-08-1184	1 M 2 - F	21	rna.						RCH 7,1			HINGTON, DC
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF DE	EATH		9c. COUN	TY OF D	EATN
R	Southern Maryla	and Hospi	tal			C.	linto	on			Prin	ce (George's
DIRECTOR	RESIDENCE OF DECEDENT												
W	10a. STATE 10b. COUNTY	*		10c. C/1	Y, TOWN C	OR LOCAT	ION					- 1	10d, INSIDE CITY LIMITS?
ā	MARYLAND CHARL	.ES		WA	LDORF	=							1 - YES 2 NO
7	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITIZ	EN OF V	VHAT COUNTRY?
FUNERAL	P.O. BOX 162						2060	4			U	SA	
Z	11. MARITAL STATUS	12. WAS DECEDER	IT EVER IN U.S. A	ARMED	13.				NIC DRIE	DIN? (Specify Yee		14. RACE	- American Indian,
	1 X Never Married 2 Married	FDRCES?	YES 2			If yes, sp	ecify Cubi	in, Mexice	n, Puart	to Rican, etc.)			t, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			1 YES	2 X NO	Specin	y:			Speci	"YEWHITE
	15. DECEDENT'S EDU	CATION	16a. I	DECEDENT'S	I USUAL O	CCUPATIO	DN	-		6b. KIND OF BUS	INESS/INDL		
#1	(Specify only highest grade	completed)		(Give kind of life. Do NOT u	work done	during mo		ng					
ا ت	Elementary/Secondary (0-12)	College (1-4 or 5	+)	JPERV					- 1,	EUUD CE	DVICE	1.0	HOLESALE
M	12TH GRADE		1 30	JPERV	130K				_			, WI	TULESALE
COMPLETED	17. FATHER'S NAME (First, Middle, Last)									I, Middle, Maiden			
BE	CLYDE E. HAMILTON	<u> </u>								ANN WIL			
9	19e. INFORMANT'S NAME (Type/Print)		1							umber, City or Tow			
F	CLYDE & ANN HAMII	_TON		P.O.	BOX	162	, WA	<u>LDOR</u>	F, I	MARYLAN	D 2	<u> 060</u>	4
1 1	20e. METHOD OF DISPOSITION		20b. PLAC	E OF DISPO	SITION (N	ame of ce	metery, cre	matory or			CATION - C		
- 1	1) Burial 2 Cremation 3 Hem 4 Donation 5 Other (Specify)	over from State	ST.	JOSEP	H'S (CEME	TERY			POM	FRET,	MAI	RYLAND
	21. SIGNATURE OF FUNERAL RERVICE AN	MENSEE . /	Λ				ND ADDRE		CILITY	THE HIL	NTT F	LIMIT	DAL HOME THE
	-111000VI	(1) 0/.	10										RAL HOME, INC
	MMM	M coci	/ /										20604-0156
	23. PART I. Enter the diseases, or ahock, or heert feilure.				not enter	r the mo	ode of dy	ring, auc	ch ea c	ardiec or reep	retory arm	oat,	Approximate interval Between
	IMMEDIATE CAUSE (Final	List only one of											Onset and Death
	disease or condition	Head	Injuri	105									
1	resulting in death)		O (OR AS A CONS		OF):								
-													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONS	SEDUENCE (OF):								
'AT	cause. Enter UNDERLYING												
윤	CAUSE (Disease or Injury that initiated events	DUE TO	O (OR AS A CONS	SEDUENCE (OF):								
E	resulting in death) LAST												
Ä		d											
_	PART II. Other algnificant condition	na contributing t	o death but no	t reaulting	in the u	nderlyin	g ceuse	given in	Part I	. 24a, WAS AN		24	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2										1X YES		- 1	COMPLETION OF CAUSE
8										1,20			OF DEATH? 1 X YES 2 □ NO
PHYSICIAN: MEDICA		-											, _M , 100 0 🗆 110
A	25. WAS CASE REFERRED TO MEDICAL					26 0	LACE OF	OFATN (C	hank only	V cool		_1_	
S	EXAMINER?	HOSPITAL:		1.5	OTHE	R:							
XS	1 X YES 2 NO	1 Inpatient 2		-	1			Reeldence	_	Other (Specify)			
표	27. MANNER OF DEATN		Day, Year)		YAURY	W	JURY AT ORK?	2.0	28d.	Passer			uto/
B	1 Natural 5 Pending XXX Accident Investigation	5-1	L2-90	3:5	8 A ^M	1 🗆	YES 2	ND		fixed	obje	ct :	LMDact.
	4.4.46.8	28e. PLACE	OF INJURY - At	home, farm	, street, fac	ctory, offi	Ce		261. 1	LOCATION (Street City or Town, State	and Number	or Rural	Route Number,
		4 Homicide determined determined											
윤	- October Not be	building	LO300/3/										
LETEC	4 Homicide determined		of my knowledge				e end ples	e end du	1000	_	2. P.	G. (County MD
MPLETE	4 Homicide determined 29e. CERTIFIER (Check only	SICIAN: To the best	West of the	death occu	rred at the	lime, dat			e to lhe	cause(e) end ma	nner as stat	G. (County, MD
COMPLETE	4 Homicide determined 29e. CERTIFIER (Check only one) MEDICAL EXAMIN	BICIAN: To the best ER: On the basis of	West of the	death occu	rred at the	lime, dat	death occ	ured at th	e to lhe	cause(e) end ma	nner as stat	ed.	County MD
COMPLET	4 Homicide determined 29e. CERTIFIER (Check only	BICIAN: To the best ER: On the basis of	West of the	death occu	rred at the	lime, dat	death occ	ured at th	e to lhe e time, d	cause(e) end ma	nner as stat	ed. e cause E SIDNE	(a) end menner as stated. D (Month, Day, Year)
BE COMPLET	4 Homicide determined 29e. CERTIFIER (Check only one) MEDICAL EXAMIN	BICIAN: To the best ER: On the basis of	West of the	death occu	rred at the	lime, dat	death occ	ured at th	e to lhe e time, d	cause(e) end ma	nner as stat	ed. e cause E SIDNE	COUNTY MD
COMPLET	4 Homicide determined 29e. CERTIFIER (Check only one) MEDICAL EXAMIN	BICIAN: To the best ER: On the bests of	examination and	of death occu for investigat	rred at the tion, in my	lime, dat	death occ	CENSE NU	e to lhe e time, c JMBER	cause(e) end ma	nner as stated and due to the 29d. DATE	G. (ed. e cause) E SIDNE	(a) end menner as stated. D (Month, Day, Year)

DHMH-16 Rev 1/89

B-1	œ.	7	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the outs fill from the part of may be made to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the human director, using 5 around 18		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutiled at
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OR	DIRE	OUNS	hem
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SPI	NER	HIL	Ë
H	5	WIL	TA
THE	THE	1160	20
2	2	be filed within 72 hours after death with the state bept, or hearth and mental hygiene prior to bunal, crement in minimal	E

as the burial-transit permit. Pages 1, 2, 3 should

3-3146

BALTIMORE, MARYLAND

	1 - STATE REGISTRAR	STATE OF WIAT	RYLAND / DEPA CERTI			DEATH		REG. NO.			1.37
	Frances (Stizab	eth.	110	ari	n5	2. DATE OF	5	<u>*</u>	75	TIME OF DEATH
3	4. SOCIAL SECURITY NUMBER 075–26–8438	5. SEX 8. 4	AGE (In yrs. lest birthde 57 YRS	MONTHS	DAYS	HOURS MIN.	7. DATE OF (Month, E)	9, 19	932		ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give					R LOCATION OF D		T.	9c. COU	NTY OF DEA	тн
TOT:	Union Hospital C	of Cecil Co	inty	E	lkto	1			C	ecil	
FUNERAL DIRECTOR	10a. STATE 10b. COUNT		10c. 0	CITY, TOWN							Dd. INSIDE CITY
LD	Maryland 100. STREET AND NUMBER	Cecil		Nort		ZIP CODE			10a, CIT		YES 2 NO
ERA	406 East Cecil A	venue				21901				U.S.A.	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13.	If yes, sp	ENDENT OF HISPAI lefty Cuban, Mexica 2X NO Specifi	an, Puerto Rici		or No-	14. RACE — Black, 1 Specific	- American Indian, White, etc. White
	15. DECEDENT'S EDI (Specify only highest grad	e completed)	16a. DECEDENT	of work done	during mo	N at of working	16b. K	IND OF BUS	BINESS/INI		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) N/A Homemaker				r		H	ome			
CO	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			Surname)		
88	Theophilius St	ıllivan	19b. MAILI	NG ADDRES	SS (Street e	Franc	es Ye		n State Zie	n Code)	
2	Albert H. Harm	ns	406	E. Ce	cil	Ave. Nor	th Eas	st, M	D 2	1901	
	20a. METHOD OF DISPOSITION 1 Resurtal 2 Cremeton 3 Remove from State 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or other piece) North East Methodist Cemetery North East, MD										
	22. NAME AND ADDRESS OF FACILITY Crouch Funeral Home 127 S. Main St. North Fast. MD 21901							21001			
CERTIFICATION	shock, or heart feilure IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR DUE TO (OR DUE TO (OR	AS A CONSEQUENCE AS A CONSEQUENCE	OF):			PATH	74			Interval Between Onset and Daath
. 1	PART II. Other significant condition	ns contributing to de	ath but not resulting	ng in the u	ınderlyin	csuse given in	Part i. 2	4a. WAS AN PERFOR			/ERE AUTOPSY FINDINGS
: MEDICAL		V6=311VE	MAR	27	F-9.	LURK	_ ¹	☐ YES 2		6	OMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF DEATH (C	heck only one)				
IXSI	1 YES 2 NO	1 Inpetient 2 EF				8 Residence	8 Other (S		N HIEV OC	CUBED	
BY P	1 Natural 5 Pending Investigation	(Month, Day, 1	bar)	INJURY M	1 [RK? /ES 2 NO	200. 0230.	WOL HOW I	INJUNIT OC	CONED	
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF IN building, stc.	JURY — At home, fars (Specify)	m, street, fa	ctory, offic		28f. LOCAT City or	ION (Street a Town, State)	and Numbe	or or Rural Roo	ne Number,
COMPLETED	anal	SICIAN: To the best of my IER: On the basis of exam									and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIC	Best	M.D.			Day	MBER 922	1	29d, DAT	TE SIGNED (A	Aonth, Day, Year)
	30. NAME AND ADDRESS OF PERSON W	Des to	OF DEATH (ITEM 27) (7)	Print))	11/0	WA	eK		Do	/
	31. DATE FILED (Month, Day, Year) MAY 9 '90	32. REGISTRAR'S									
	7 00	()	- Name								DHMH-18 Rev 1/8

DHMH-16 Rev 1/89

ND 21203-3146

BALTIMORE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 mm. TO THE FUNEFALL DIRECTOR: After this certificate has been signed by the attenting physician and completely filted in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be

DIRECTOR
FUNERAL
COMPLETED BY
TO BE

1. OECEDENT'S NAME (First, Middle, I	ant)			0,112		DEATH	2 OATE	OF DEATH).	1	3. TIME OF DEATH
MABEL	GERTRU	DE	HE	ADME			MONT	H C	YAY	YEAR GO	7.10 A M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. is		ARNE IF UNDER 1 YI	EAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTHP	LACE (State or Foreign
216-01-5349	1 🗌 M 2 💢 F	75	YRS.	MONTHS DA	AYS F	HOURS MIN.	OCT	h, Day, Year)	1914	MAR.	YLAND
9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
MALLARD BAY NU				CAM	BRI	DGE			DOI	RCHES	TER
10e. STATE 10b. CO			10c. CITY	, TOWN OR L	OCATIO	ON .					10d. INSIDE CITY LIMITS?
MARYLAND D	ORCHESTER		C	AMBRI	-	IP COOF			1		1 YES 2 NO
					101. 2				10g. CI1		HAT COUNTRY?
# 3. ALGONOUI		NT EVER IN U.S. A	RMED	13. WAS	DECEN	21613	IIC ORIGII	N? (Specify Ye	a or No—	USA 14. BACE	
1 Never Married 2 Married	FORCES?	1 YES 2 WAR OR DATES		If ye	a, speci	Ify Cuban, Mexica	n, Puerto			Black, Specify	— American Indian, White, etc.
3 X Widowed 4 Divorced						-X.					WHITE
15. DECEDENT'S (Specify only highest		(ECEDENT'S I	ork done duris	PATION ng most	of working	168	. KIND OF BU	ISINESS/INC	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	(+)	n. Do NOT use					D. 0			
17. FATHER'S NAME (First, Middle, Las	NO		SEAM	ISTRES	_	18. MOTHER'S NA	ME /Elect	FACT			
EDWARD	RALPH		TRUITT	,		ESTHE		UNE		ΗΛ	LL
19a. INFORMANT'S NAME (Type/Print)	KALFII				treet and	Number or Rural i					ш
JUDY EDGAR -	DAUGHTER		# 3.	ALGON	OUI	N ROAD,	CAM	BRIDGE	E. MD	216	13
20a. METHOD OF DISPOSITION 5	79/90		OF DISPOS	ITION (Name	of ceme	tery, crematory or			OCATION -	City or Tov	m, State
4 Donation 5 Other (Specify)		PAR	SONS C	EMETE	RY			SA	LISB	URY,	MD
21. SIGNATURE OF TUNERAL SERVICE	EVICENSEE	100				ADDRESS OF FA		HOME.	PA		
W. Kest	and	elloce	ere			OW HILL				, MD	21801
23. PART I. Enter the diseases	or complications thure. List only one co			ot enter the	e mode	e of dying, euc	h es csr	dlec or resp	olratory an	rest,	Approximste Interval Between
IMMEDIATE CAUSE (Finel	ore. Clot only one of		/								Onset and Death
disease or condition resulting in deeth)	0.	arkin	1500	215-							27 year
	DUE T	O (OR AS A CONS	EOUENCE OF):							
Sequentially list conditions,	b	O (OR AS A CONS	EQUENCE OF	n:							
If any, leading to immediate cause. Enter UNDERLYING		(0		,-							Ì
CAUSE (Disease or Injury that initiated events	OUE T	O (OR AS A CONS	EOUENCE OF):							
resulting in deeth) LAST	d										
PART II. Other significent cond	litions contributing t	o desth but not	resulting i	n the unde	rlying	ceuse given in	Part I.	24a. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS
								PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
								1 123	1 1/10		OF DEATH? 1 YES 2 NO
					28. PLA	CE OF OEATH (Ch	eck only o	ne)			
25. WAS CASE REFERRED TO MEDIC				OTHER:	n Mome	5 Realdence	S C Oth	er (Specify)			
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpetient	3 DOA	unisini	g Home					CUBED	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 inpatient 2 28e. DATE 0		28b, TIMI	E OF 28	ic. INJU	RY AT	_	SCRIBE HOW	INJURY OC	OUTLE	
EXAMINER? 1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 28a. DATE ((Month,	DE INJURY Day, Year)	28b, TIMI INJ	E OF 28 URY M	IC. INJUI WOR	RY AT	_	SCRIBE HOW	INJURY OC		
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Impattent 2 28e. DATE (Month, tion 28e. PLACE buildin	OF INJURY	28b, TIMI INJ	E OF 28 URY M	IC. INJUI WOR	RY AT K?	28d. DE	SCRIBE HOW CATION (Street or Town, State	and Numbe		oute Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat 2 Accident Investigat 3 Suickle 8 Could netermin 29a. CERTIFIER 1 CERTIFYING	HOSPITAL: 1 Inpatient 2 28a. DATE (Month, ilion 28a. PLACE buildin	OF INJURY Day, Year) OF INJURY — At I	28b, TIM INJ nome, 1erm, s	E OF URY M	ic. INJUI WOR I YE	RY AT K? ES 2 NO	28d. DE	CATION (Street or Town, State	and Numbe	r or Rural R	oute Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigs 2 Accident investigs 3 Suickde 8 Could no determin 29a. CERTIFIER (Check only	HOSPITAL: 1 Inpatient 2 28e. DATE ((Month, tion R be buildin 29e. PLACE buildin 29e. PLACE buildin 29e. PLACE buildin	OF INJURY Day, Year) OF INJURY — At I g, stc. (Specify) of my knowledge, (28b, TIMI INJ nome, Term, s	E OF URY M street, factory	ic. INJUI WOR 1 YE , office	RY AT K? SS 2 NO	28d. DE	CATION (Street or Town, State	and Numbe	r or Rural R	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident 3 Sulcide 6 Could in determin 29a. CERTIFIER (Check only one) 2 MEDICAL EX	HOSPITAL: 1 Inpatient 2 28e. DATE (Month, 18ed 28e. PLACE building PHYSICIAN: To the best MINNER: On the bests of	OF INJURY Day, Year) OF INJURY — At I g, stc. (Specify) of my knowledge, (28b, TIMI INJ nome, Term, s	E OF URY M street, factory	Ic. INJUI WOR 1 YE , office	RY AT K? S 2 NO and place, and due ath occured at the	28d. DE 281. LOC C/h to the ca	CATION (Street or Town, State	e and Numbe	r or Rural R ted. he cause(a)	and menner as stated.
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigs 2 Accident investigs 3 Suickde 8 Could no determin 29a. CERTIFIER (Check only	HOSPITAL: 1 Inpatient 2 28e. DATE (Month, 18ed 28e. PLACE building PHYSICIAN: To the best MINNER: On the bests of	OF INJURY Day, Year) OF INJURY — At I g, stc. (Specify) of my knowledge, (28b, TIMI INJ nome, Term, s	E OF URY M street, factory	Ic. INJUI WOR 1 YE , office	RY AT K? SS 2 NO	28d. DE 281. LOC C/h to the ca	CATION (Street or Town, State	e and Numbe	r or Rural R ted. he cause(a)	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident 3 Sulcide 6 Could in determin 29a. CERTIFIER (Check only one) 2 MEDICAL EX	HOSPITAL: 1 Inpatient 2 28e. DATE (Month, 18e 28e. PLACE building PHYSICIAN: To the best MINER: On the basis of	OF INJURY Day, Year) OF INJURY — At I g, stc. (Specify) of my knowledge, a examination and/o	28b, TIMI INJ home, ferm, s death occurre	E OF URY M	Ic. INJUI WOR 1 YE , office	RY AT K? S 2 NO and place, and due ath occured at the	28d. DE 281. LOC C/h to the ca	CATION (Street or Fown, State	enner as sta and due to the	r or Rural R	and menner as stated.
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investiga 2 Accident 3 Suicide 8 Could in determin 29a. CERTIFIER (Check only one) 2 MEDICAL EXI 29b. SIGNATURE AND STILL OF CERTIFIER	HOSPITAL: 1 Inpatient 2 28e. DATE ((Month, the bed) 28e. PLACE building PHYSICIAN: To the best MINER: On the best of	OF INJURY Day, Year) OF INJURY — At I g, stc. (Specify) of my knowledge, a examination and/o	28b, TIMI INJ home, ferm, s death occurre	E OF URY M	Ic. INJUI WOR 1 YE , office	RY AT K? S 2 NO and place, and due ath occured at the	28d. DE 281. LOC C/h to the ca	CATION (Street or Fown, State	e and Numbe	r or Rural R	and menner as stated.

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DHMH-16 Rev 1/89

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				4. SOCIAL
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	Mar.		5	RESIDE
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1	_		DIRECTOR	Mary.
	E	4	4	10a. STREE
	n. ansit p		FUNERAL	1315
	icia Il tr	- 1	5	11. MARITA
9	S is		L.	1 Never

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIEN
	CF	ERTIFICATE	OF DEAT	TH		BEG NO

1 - STATE REGISTRAR	STATE OF MARY	CERTIFIC			MENTAL HYGIEN				
1. DECEDENT'S NAME (First, Middle, Las MONROE	0 C.	Her	1 74		2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH 3:55P M		
4. SOCIAL SECURITY NUMBER 214-07-8741	t ₩ M 2 □ F	76 YRS. M	FUNDER YEAR ONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) July 21	1913 N			
9s. FACILITY NAME (If not institution, given Peninsula General		1	alisbur	y, MD	ATH	Wicom			
	10b. COUNTY 10c. CIT			r, town or location			10d. INSIDE CITY LIMITS?		
	rcester	<u>_</u>	Pocomo	ZIP CODE	_	-	1 X YES 2 NO DF WHAT COUNTRY?		
10a. STREET AND NUMBER 1315 Princess 11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	Anne Lane 12. WAS DECEDENT EVER FORCES? 1 YES	2 200	If yes, spe		IC ORIGIN? (Specify Yes, Puerto Rican, etc.)		IACE — American Indian, Black, White, atc. Specify: White		
15. DECEDENT'S E (Specify only highest gr. Elementary/Secondary (0-12) 9 17. FATHER'S NAME (First, Middle, Last)	DUCATION (de completed) College (1-4 or 5 +)	t6a, DECEDENT'S US (Give kind of work life, Do NOT use r	k done during mo		16b. KIND OF BU	JSINESS/INDUSTR			
9 17. FATHER'S NAME (First, Middle, Last)	No. 100	Maintena	ance M		ME (First, Middle, Maide	n Surname)			
Clyde H. Henr	У	I Mariantonia		2.12	es Bramb				
Clyde H. Henry Frances Bramble 196. INFORMANT'S NAME (Type/Print) 196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Velma Jean Henry 1315 Princess Anne Lane, Pocomoke, Md.218						ke, Md.21851			
20a. METHOD OF DISPOSITION 1 Starlel 2 Cremetton 3 Removel from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 4 Donation 5 Other (Specify)									
21. SIGNATURE OF FUNERAL SERVICE	Nelso		MEL	SON FUN O. BOX	ERAL HON	ME 2185			
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initioted events resulting in death) LAST	- sona A	A CONSEQUENCE OF): A CONSEQUENCE OF):	am	ans p mia, l bryste	autum	mul.	Interval Between Onset and Death 14 hez, 3-5dccc 3-4 hex		
5						N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch					
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b, TIME (OF 28c. INJ	URY AT PER 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	D		
3 Suicide 6 Could not 4 Homicide determined	bullding, atc. (S)	RY — At home, ferm, stro pecify)	eet, factory, offic	•	281, LOCATION (Stree City or Town, State	t and Number or Ri e)	ural Route Number,		
Torroun orny	YSICIAN: To the best of my known						use(a) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIF	dels	le		29c, LICENSE NUN D 131			MED (Month, Day, Year)		
W.C. SCHA		560 1310	RIV	ERSIUE	OR.	SALIS	BURY, md.		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SK	dson-Randell							

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within environs after death. Page 6 may be retained by the hospital or attending physician	after death. Page 6 may be retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trained method in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	by the funeral director, page 5 should be detached for use as the burial-tra- smoval.
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	lical examiner must be notified at once.

31. DATE FILED (Month,

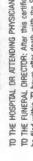
1 4 90

32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE	STATE OF MARY			OF HEALTH AND			90 1493
	REGISTRAR 1. DECEOENT'S NAME (First, Middle, Last)	Raymond H.	CERI	1	LPSON	10		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 221-09-7325	5. SEX 6. AG	E (In yrs. last birth	RS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 27 19	1 1	BIRTHPLACE (State or Foreign Country) elaware
TOR	Peninsula General RESIDENCE OF DECEDENT	,			stown or location of casbury, MD	PEATN	9c. COUNTY Wicon	
DIRECTOR	Maryland Worces	ster		erlin	OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	9017 Stephen Decat				101. ZIP GODE 21811		USA	OF WHAT COUNTRY?
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO		WAS DECENDENT OF NISP/ If yes, apecity Cuban, Maxic 1 YES 24 NO Spec	an, Puarto Rican, etc.)	na or No— 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	ATION completed) Collage (1-4 or 5+)	(Give kin	nt's USUAL O nd of work done NOT use retired.)	during most of working	166. KIND OF BU		City, MD
BE COM	17. FATNER'S NAME (First, Middle, Last) Harry C. Hudson				16. MOTNER'S N	ame (First, Middle, Maide le Hudson	n Sumeme)	
10	Eunice E. Hudson 204, METHOD OF DISPOSITION		901	7 Step	\$ (Street and Number or Rura hen Decatur ame of cometery, cromatory or	Hwy. Berl:		yland 21811
	1 \(\) Burial 2 \(\) Cremation 3 \(\) Remote A \(\) Donation 5 \(\) Other (Specify) \(\) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State	Roxana (Cemete	ry NAME AND ADDRESS OF F Hastings Fur	Fra	ankford	
	23. PART I. Enter the diseases, pr	W Hard	ad Imiteeth.		Selbyville,	Delaware		Approximate
	shock, or heert failure. I		each line.		, ,			Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions,	Chronic	0651	truct.	o ay tie.	Looken	iseas	e
EDICAL CER	PART II. Other algolificent condition	s contributing to death	but not result	ting in the u	nderlying ceuse given i		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ								1 TYES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			rsing Nome 5 - Residence	6 Other (Specify)		
BY	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28a. OATE OF INJUF (Month, Day, Yea 28e. PLACE OF INJU	r) IRY — At home, f	b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	281. LOCATION (Street	t and Number or	
COMPLETED	4 Nomicide detarmined 29a. CERTIFIER (Check only one)		owledge, dasth o		time, data and placa, and di		enner as stated.	
TO BE CON	2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	_		tigation, in my	29c. LICENSE N	UMBER	29d. DATE S	auso(a) and manner as stated. IGNED (Month, Day, Year)

1	•	FOR STATE REGISTRAR
		HEGIS I HAH

PAULINE	it)					2. DA	TE OF OEATH			3. TIME OF DEATH
21101111111	EMMA		HOLL	OWAY		MOI	ETH E	8	90	6:15 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		E OF BIRTH	0		PLACE (State or Foreign
214-10-9370	1 🗆 M 2 🛱 🗡	80	YRS.	MONTHS DAYS	HOURS MIN.	(Mo	PT. 14,	1909	MAR	YLAND
9e. FACILITY NAME (If not institution, give	e street and number)			9b, CITY, TOWN	OR LOCATION OF		11.14,		INTY OF D	
SALISBURY NURSING	G HOME			SALISB	0					
10a. STATE 10b. COU	NTY		10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
MARYLAND WI	COMICO			SALISBU	IRY					LIMITS?
10s. STREET AND NUMBER				1	101. ZIP CODE			10g. CI	IZEN OF W	HAT COUNTRY?
119 CIVIC AV	/E				21801				U	SA
11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AF			ECENDENT OF HISP			s or No-		- American Indian,
1 Never Merried 2 Merried 3 XWidowed 4 Divorced		YES 2 X	NO		specify Cuben, Mexi ES 2 X NO Spec		o Rican, etc.)		Speci	, White, etc. by: WHITE
15. DECEDENT'S E		18e. DE	ECEDENT'S	USUAL OCCUPA	TION	1	6b. KIND OF BU	SINESS/IN	DUSTRY	WIIIIE
(Specify only highest gri	college (1-4 or 5	(G	alve kind of the Do NOT us	work done during I	most of working					
12 YEARS	NO		BOOKE	EPER			FURNI	TURE	STOR	Ε
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	AME (Firs	t, Middle, Meide	n Surname)		
LARRY	JAMES	TOAD			BERTHA		MA			ONES
190. INFORMANT'S NAME (Type/Print) BARBARA FURBUSI	H- NIECE	19			t end Number or Run HERMON RD					801
20s. METHOD OF DISPOSITION 5	/11/90	20b. PLACE other p		SITION (Name of	cemetery, cremetory of		20c. L	OCATION -	- City or To	wn, State
4 Donation 5 Other (Specify)	emover from State	PARS	ONS C	EMETERY	Z		SA	LISBU	JRY,	MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSES	0		22. NAME HOLT	OWAY FUN	ERAT	HOME.	PA		
111K16	111-	-/1			SNOW HIL				MD	21801
ahock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one ca	se on each line	es pi	nator	node of dyling, and			oiratory a	rreat,	Approximats Interval Betwee Onset and Dea
IMMEDIATE CAUSE (Final disease or condition	a. DUE TO	ALOU	e. EQUENCE O	nator	Λ			oiratory a	rreat,	Onset and Dea
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO c. DUE TO d.	O (OR AS A CONSE	EQUENCE O	nator	y År	ed	24s. WAS A	N AUTOPS\		Onset and Dea
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condit	a. DUE TO c. DUE TO d. liona contributing to	O (OR AS A CONSE	EQUENCE O	F): F): In the underly	y År	n Part I.	24s. WAS A PERFO	N AUTOPS\		Interval Setwee Onset and Dea Full Model Were Autopsy Finding AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant condit	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 □ Inputlent 2	O (OR AS A CONSE	EQUENCE O	Pi: Fi: In the underly OTHER: 4 Shursing H	ring cause given	n Part I.	24a. WAS A PERF(1 YES	N AUTOPS'	/ 24b	Interval Setwee Onset and Dea Full Model Were Autopsy Finding AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant condit EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Natural 5 Pending	a. DUE TO b. DUE TO c. DUE TO d. Iona contributing to	O (OR AS A CONSE	EQUENCE O	Pi: Fi: OTHER: Whursing H BE OF 28c. Juny	ing cause given	n Part I.	24a. WAS A PERFC 1 VES	N AUTOPS'	/ 24b	Interval Setwee Onset and Dea Full Model Were Autopsy Finding AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant conditions are conditionally in the condition of the condition o	a. DUE TO b. DUE TO c. DUE TO d. Iona contributing to lona contributing to lona contributing to 28e. PLACE building	O (OR AS A CONSE	COUENCE O	F): F): In the underly OTHER: Also of 28c. JURY M 1 [PLACE OF DEATH (INJURY AT WORK? YES 2 \(\) NO	Check only 28d. 1	24a. WAS A PERF(1 YES	N AUTOPS'S RIMED? 2 NO INJURY O	24b	Interval Setwee Onset and Dea Published American Set Set Set Set Set Set Set Set Set Set
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Hetural 5 Pending Investigation of the Could not determined to the Could	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO DUE	O (OR AS A CONSE O (OR	e. COUENCE O COUENCE	P: F): In the underly OTHER: Nursing H BE OF 28c. JURY M 1 [street, factory, or	PLACE OF DEATH (forme 5 Residence INJURY AT WORK? YES 2 NO	Check only 8 0 28d. I	24a. WAS A PERFC 1 VES Tone) ther (Specify) DESCRIBE HOW OCATION (Street) Cause(a) and m	N AUTOPSI PIMED? 2 NO INJURY O	24b	Interval Setwee Onset and Dea Published American Set Set Set Set Set Set Set Set Set Set



the hospital or attending physician. detached for use as the bunal-transit permit. Pages 1. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 frours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	500							90 14935
	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY HOLM	1ES				2. DATE OF DEATH DO		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 262-42-8872			IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 8, 1	8.	BIRTHPLACE (State or Foreign Country) Florida
)	9a. FACILITY NAME (If not institution, give st	treet and number)		96. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY	
TOR	PRINCE GEORGE'S H	OSPITAL CENT	ER	CHEVER	LY		PRINCE	E GEORGE'S
DIRECTOR	10s. STATE 10b. COUNTY	e George's	10c. CITY,	TOWN OR LOCATI	ION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER	e deorge s	Joneve		ZIP CODE		10g. CITIZER	N OF WHAT COUNTRY?
FUNERAL	6107 Reed Street			20	785		Unit	ed States
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 X NO		cify Cuban, Maxica	IIC ORIGIN? (Specify Yea n, Puarto Ricen, etc.)	or No— 14	. RACE — American Indian, Black, White, etc. Specify: Black
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	SUAL OCCUPATIOn of done during most retired.)	N st of working	16b, KIND OF BU	SINESS/INOUS	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Nurse	reared.)		Distri	et Gov	ernment
OM	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden		
BE	Clarence Wheeler				Alberta			
6	19a. INFORMANT'S NAME (Type/Print) Donald Wheeler J	ion o a	243.25			Route Number, City or Tow		
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram		PLACE OF DISPOSE			I.W. Washin		D.C. 20011 y or Town, Slate
	4 🗆 Conetion 5 🗆 Other (Specify)	J	. William	n Lees δ	Sons	Was	hingto	n, D.C.
	21. SIGNATURE OF THERAL SERVICE LIC	ENSER		McGuir		al Service	Wesh	ington, D.C.
	3. PART I. Enter the diseases, or cahock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Acute	ech line.	I vis	de of dying, suc		Iratory arres	
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF)	•				
PHYSICIAN: MEDICAL C	PART II. Other significant condition ROS pir caf	5 / /	who resulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFOI 1 YES	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)		
YSIG	1 TES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	ettlent 3 🗆 DOA			8 Other (Specify)		
ву РН	27. MANNER OF DEATH 1 X Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	286. TIME INJU	RY WO	URY AT RK? /ES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUI	RED
_	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, st	reet, fectory, office		281, LOCATION (Street City or Town, State	and Number or	Rural Route Number,
COMPLETED	Crieck only	ICIAN: To the best of my know ER: On the bests of examination						cause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	1 Honey	MO		29c. LICENSE NUI	MBER	29d. DATE S	SIGNEO (Month, Day, Year)
5	20 MARE AND ADDRESS OF BERCON WA	O COMPLETED CAUSE OF DE	ATH STEAM OF STREET	2-1-4			1	1 1 161

32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) MAY 1 8'90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Elitera --

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	(
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, find within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	3 should

	1. OECEDENT'S NAME (First, Middle, Last Dorothy	Louise	Huff					2. DATE OF OEAT MONTH 5	28	YEAR 90	3. TIME OF DEATH 6:35PM
	4-SOCIAL SECURITY, NUMBER 220-30-8529 9a. FACILITY NAME (If not institution, give	1 L M 2 XF	. AOE (In yrs. lest	YRS.		WS HO	UNDER 24 HRS. URS. MIN.	repruary	10 , 1	8. BIRTH 1933	
TOR	Memorial Hospit	,				mber1				Alleg	
DIFECTOR	10a. STATE 10b. COUN Alle				nberla						10d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	7 Race Street					101. ZIP 21.	502			USA	VHAT COUNTRY?
BY	11. MARITAL STATUS XX 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 XN	MED	13. WAS	DECENDE e, specity YES 2	Cuban, Maxica NO Specif	NIC ORIGIN? (Specifin, Puerto Rican, etc y:	y Yea or No—	Biaci	— American Indian, k, white, etc. White
PLETED	15. DECEDENT'S EC (Specify only highest gran Elamentary Scondary (0-12)		(Gir life.	CEDENT'S UNIVERSE WITH SECULAR CONTRACT	JSUAL OCCU ork done during retired.)	PATION ng most of	working	Own he	BUSINESS/IN	OUSTRY	
COMPL	John Wie Redhead					18	CCIE'S F	ME Perdew	iden Sumame)		
TO BE	Mr. Kenneth E. H	uff	7 常	ace S	Street	reet and N	umber or Bural nberlar	Abyte Number City o	Town, State, Z	(ip Code)	
	20s. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Ra 4 Donation 8 Other (Specify)	moval from State	Davaba	OE DISPOSI MEMOY	TION (Name	emet Cemet	cremetory or ery	¢ur	berla	nd, M	wn, State
	21. SIGNATURE OF FUNERAL SERVICE I	ZXcan	Rel	4:	Cumb	erla	nd, M	######################################			
	23. PART I. Enter the diseases, or affock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)	Arteric	on each line	tic h	neart			th as cardisc or r	espiratory s	rrest,	Approximats Interval Betwe Onset and Det
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
ERTIFI	that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEC	DUENCE OF)):						
MEDICAL C	PART II. Other significent condition Obesity	ona contributing to de	esth but not n	esulting in	n the unde	rlying ca	use given in	PE	S AN AUTOPS RFORMEO? ES 2 NO	246	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		OF OEATH (CA				
Y PHYS	VES 2 NO 27. MANNER OF OEATN Netural 5 Pending Investigation	28a. DATE OF IN (Month, Day,	ER/Outpatlant 3 IJURY Year)	28b. TIME	OF 28 JRY	c. INJURY WORK?		8 Other (Specify 28d. OESCRIBE N		CCURED	
ED B	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide detarmined	28s. PLACE OF I		me, farm, st	treet, factory.	offica		281. LOCATION (S City or Town,		er or Rural	Route Number,
	the second secon	SICIAN: To the best of m									a) and manner as stated
OMPLE	/ /								204 D	TE BIONE	
TO BE COMPLET	296. SUCHATURE AND TITLE OF CENTER	IER //_	/			296	D 091	.57		/28/	90 (Month, Day, Year)

DHMN-16 Rev 1/89

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	1. DECEDENT'S NAME (First, Middle, Last)	L H	OLP	185					2. DATE OF DEATH MONTH	DAY	YEAR 90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 200–18–8939	8. SEX 1 M 2 \(\subseteq F \)		s. lest birthday,	MONTHS	DAYS		24 HRS. MIN,	7. DATE OF BIRTH (Month, Day, Year)		a. BIRTHP	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN	OR LOCATION	ON OF DE		9c. COU	NTY OF DE	
5	Lehn Mema	ial Ho	soit	15	F	Ri	es C	21	e	Ri	nce	Greaso
2	10a, STATE 10b, COUNT	Y	1	10c. C	TY, TOWN	OR LOC	ATION					10d. INSIDE CITY
NINE.	MARYLAND PRINC	E GEORGE	¹S		NO	ORTH	BREN	TWOO	D			LIMITS?
AL	10e. STREET AND NUMBER					1	of. ZIP CODE	E		10g. CIT	IZEN OF WI	NAT COUNTRY?
FUNERAL	4532 BANNER STR	EET						207	22		U.S.	Α.
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO	13	If yes, s			IIC ORIGIN? (Specify n, Puerto Rican, etc.) 7:	Yes or No-	Black,	- American Indian, White, etc.
	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed	16	a. DECEDENT	S USUAL	OCCUPAT	TION nost of working		16b. KIND OF I	BUSINESS/INC	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT	use retired.)	riost or workir	y	COLUM	BIA LI	GHTH C	USE
COMPL	12th grade			CLERI	ζ				FOR TH	E BLI	ND	
3	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Maio			
	HENRY DIGGS								LL HOLMES			
2	19a. INFORMANT'S NAME (Type/Print)								Route Number, City or i			20722
	VINCENT DUNN 208, METHOD OF DISPOSITION	-	20h Pl	ACE OF DISP					RTH BREN	LOCATION -		20722
	1 Burial 2 Cremation 3 Ran 1 Donation 5 Gither (Specify)	noval from Stata	oth	ner place)					100			RYLAND
- 1	21. SIGNATURE OF FUNDINAL SERVICE L	ghisee /		TIVOLI		. NAME	AND ADDRE	SS OF FA	CILITY		D, I'E	MILLAND
	1 The	CUMB	7/						RAL HOME			
	23. PART i. Entar the diseases, or shock, or heart failure.	compligations the	t caused th	e death. Do	not ente	or the m	node of dy	ng, auc	ACE, N.E.	piratory ar	rest,	Approximate Interval Bety
	iMMEDIATE CAUSE (Final disease or condition resulting in death)					1Ca	recc	u	asth.	meta	estas	Onset and D
HILLAIION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST											
7	PART II. Other eignificant conditio	na contributing to	death but i	not reculting	In the t	ınderiyi	ing cause (niven in	Part I. 24a. WAS	AN AUTOPSY	24b.	WERE AUTOPSY FINDI
MEDICAL			.00000						PERF	2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
THE SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						PLACE OF D	EATN (Ch	eck only one)			
	1 VES 2 VIO	HOSPITAL:	ER/Outpatia	ent 3 🗆 DOA	4 N		ome 8 🗆 Re	aldenca	8 Other (Specify)			
D. 10	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	-	Y / A		NJURY M	1 🗆	NJURY AT WORK? YES 2] NO	28d. DESCRIBE NO	N INJURY OC	CURED	
	3 Suicide 8 Could not be 4 Nomicide determined	28a. PLACE O building,	etc. (Specify)	At home, farm	, street, fa	ctory, of	fica		281, LOCATION (Street, City or Town, Street, S	et and Numbe	or Rural Ro	oute Number,
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS	ER: On the best of										and manner as state
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	Physicia,	Q	/	ieu	1-		ENSE NUI			5.0	(Month, Day, Year) 7-90
	30. NAME AND ADDRESS OF PERSON WI	32. REGISTRA	AR'S SIGNATU	IRE	oe, rrint)							
	MAY 10'90 5	Julia Davidso	n-Hand	ملاكم								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to have such action and with the State Dent of Health and Mental Hotiers orlor to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR 1 - STATE	STATE OF M	ARYLAND /	DEPAR ERTIF	TMENT	OF H	EALTH	AND I			E			
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CI	EKIIF	ICATI	OF	DEAL	l III	2. DATE OF	EG. NO.		1 2	TIME OF DE	ATH
	HELEN L HILTON								MONTH 04	2	7	90	1100	Δм
		s. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF I		1	8. BIRTHPL	ACE (State of	Foreign
	215-05-9388	1 🗆 H 2 🖫 F	78	YRS.	MONTHS	DAYS	HOURS	MIN,	(Month, De	y, Year)		Mar	yland	3
	9e, FACILITY NAME (If not institution, give stre	et and number)	10		9b. CITY	, TOWN O	R LOCATIO	ON OF DE			9c. CDUI	NTY OF DEA		
E	NORTH ARUNDEL HOS	PITAL			GL	EN B	URNI	E, M	IARYLAN	ID D	AN	NE AR	UNDEL	
DIRECTOR	RESIDENCE OF DECEDENT													
E	10e. STATE 10b. COUNTY	3		1000	.,	OR LOCAT							LIMITS?	
	Md Howar	α		EI	LIC	ott		0					XXES 2	
FUNERAL	10e. STREET AND NUMBER					101.	ZIP CODI						AT COUNTRY	7
NE	8799 Frederic	K Rd.			1 40		210			- 4 1		SA		
5	1 Never Married 2 Married	FORCES? 1	YES 2 X	M ED		If yes, spe	city Cube	n, Mexice	NC ORIGIN? (S n, Puerto Rica		or No-	Black, 1	- American Ir White, atc.	
BY	3y Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES			1 TYES	2 100	Specify	/ :			Specify:	White	Э
0	15. DECEDENT'S EDUCA			CEDENT'S					16b. KII	ND OF BUS	INESS/IND			
ET	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+	- 25	ive kind of Do NOT u	work done se retired.)	during mo:	st of worldr	ng						
COMPLETED		unk		fete	ria	Wol	cker	•	Но	war	d Co	, Sc	hool	5
Š.	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Midd	lle, Maiden	Surname)			
BE (George E. Laum	ann					Al	<u>ice</u>	P. S	mit	h			
TO E	19e. INFORMANT'S NAME (Type/Print)								Route Number,					
-	Mrs. Dorothy Mi	les		-					Glen	_				
	20a. METHOD OF DISPOSITION 1 □ Buriel 2 □ Cremetion 3 □ Remove	ral from State	20b. PLACE	OF DISPO	N) NOITIE	ome of cen	netery, cren	natory or		20c. LO	CATION —	City or Town	, State	
	4 Donation 5 Other (Specify)	- Janes			ins	ceme	ever	у	ou my 613	ET.	TICO	7 77	1 ty	
	21. SIGNATURE OF TONERAL SERVICE LICE	71.1	moo 5	35					CILITY S]					
	Golimatalia	Glack				PO .	BOX	208	,E11	.1C0	tt C	ity	, IVId .	2104
	23. PART I. Enter the diseases, or co shock, or heart failure. Li		as an asah tin				-			•	•		Approx	imate Between
	IMMEDIATE CAUSE (Final	or only one out	50 OH 650H MI											and Death
	disease or condition resulting in death)	CON	36571	VE	H	GA	RT	FI	AILU	RE	-		2 W	LS.
- N		CON (DUE TO HYPE	OR AS A CONSE	QUENCE O	F):				. 1					
N	Sequentially list conditions,	HYPE	れてした	ISL	VE	11	SCH	En	IIC F	164	CT		-	
ERTIFICATION	If any, leading to immediate	DUE TO	(OR AS A CONSE	QUENCE O	IF):	V			DL	GA	50	я		
2	CAUSE (Disease or injury	DUE TO	OR AS A CONSE	OUENCE O	IFI.								-	
Ē	that initiated events resulting in death) LAST		(011 110 11 001102	avenue u										
CEL	d.												<u> </u>	
	PART II. Other aignificant conditions							given in	Part I. 24	e. WAS AN			VERE AUTOPS	
Sic	COMPLEX CA	RDIAC							1	YES 2	THO		OMPLETION (OF DEATH?	OF CAUSE
ME	DIABLES	WITH						45	TU 3	•		1	YES 2	NO
ä		JITH Y	MEL	DD.	YSPL	-1751	7							
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL:			ОТНЕ		ACE OF D	DEATH (Ch	eck only one)			<u> </u>		
YS		1 Limpatient 2		_				esidence	6 Other (S				-	
	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TII	JURY		RK?	7 440	28d. DEŞCR	IBE HOW I	NJURY OC	CURED		
ВУ	2 Accident Investigation	280 BLACE O	F INJURY — At h		etropi for	1 🔲 '		_ NO	284 LDCATE	ON /Stenet	and Mumba	r or Rural Ro	uto Alumbar	
ED	3 Suicide 8 Could not be 4 Homicide determined	building,	etc. (Specify)	J. 170, 100 111,			-			fown, State)		. 0, 110, 0, 110	ore marriage,	
H	29e. CERTIFIER													
COMPLET	(Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER												and menner	na atated
00	# I MEDICAL EXAMINER	. On the pasts of 6:	ANYDER TRUMPERSON	www.ugati	on, in my	opinion, c				u piace, ar				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	NO A	175VI	DINI	· M	0	29c. LIC	ENSE NU	MBER		29d. DAT	TE SIGNED (Wonth, Pay, Y	nar)
5	30 NAME AND ADDRESS OF PERSON WHO						V	01	110		,	TIC	012	U.

31. DATE FILED (Month, Dey, Year) 3 '90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
SURYA P. MUNDRA, M.D. 1600 CRAIN HIGHWAY, SW,

#308

GLEN BURNIE, MARYLAND

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e de la companya del companya de la companya de la companya del companya de la companya del companya de la companya de la companya de la companya de la companya del companya de la companya della companya de la companya de la companya de la companya della companya della companya della companya della companya della companya della companya della companya della companya della compan

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		FOR
1	-	STATE
i.		REGISTRAR

	REGISTRAR		CEI	RITTIC	AIE U	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH		WEAR	3. TIME OF DEATH
	Ellasusan	Manning 1	Harrison	1			MON			90	614 M
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last b		UNDER 1 YEAR	IF UNDER 24 HRS.	+	OF BIRTH			IPLACE (State or Foreign
		1 M 2 F			NTHS DAY		(Mor	th, Day, Year)		Counti	y)
- 1	244-22-3456		/2				_	125/1	7		th Carolina
- 1	9a. FACILITY NAME (If not institution, give st	reet and number)		96	. CITY, TOW	N OR LOCATION OF	EATH	, ,	9c. COU	NTY OF D	EATH
5	Harbor Hospital C	enter		1.0	Raltin	nore City					
KI	RESIDENCE OF DECEDENT	CITOCI			Jebil Vill	TOTE OTO					
DIRECTOR	10a. STATE 10b. COUNTY	,		10c. CITY, T	OWN OR LO	CATION					10d. INSIDE CITY LIMITS?
5	Maryland Anne	Arundel		Seve	וויר						1 TYES 2 X NO
	10e. STREET AND NUMBER			10 - 1	1	10f. ZIP CODE	· · · · · · · · · · · · · · · · · · ·		10a CIT	IZEN OF V	WHAT COUNTRY?
A I		Circle				211				ISA	
FUNERAL											
5	11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S. ARMI			ECENDENT OF HISP/ apacify Cuban, Maxic			or No-	14. RACI	E — American Indien, k, White, etc.
	1 Never Married 2 Merried	IF YES, GIVE WAF				ES 2 NO Spec		risonii, etc.;			White
B	3 Widowed 4 Divorced										Mut ce
	15. DECEDENT'S EDUC	CATION	18a. DECE	DENT'S US	UAL OCCUPA	TION	18	b. KIND OF BU	SINESS/INC	DUSTRY	
L .	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. D	o NOT use re	tired.)	most of working					
7	4	conege (1-4 of 5 +)	Ho	memal	cer				Home		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	A 2015 (51	4.41-4-44			
8							AME (FHSI,	Unknov			
8	Lemul Byrd					Susan		OTHETION	111)		
5	19a. INFORMANT'S NAME (Type/Print)					et and Number or Rura					
۴Į	James N. Harrison,	Jr.	1	623	Shanno	on Cir	cle,	Sever	ı, Ma	ryla	ind 21144
	20g. METHOD OF DISPOSITION		20b. PLACE OF	F DISPOSITI	ON (Name of	cemetery, crematory or		20c. LO	CATION -	City or To	own, Stata
	130 Burial 2 Cremetion & Ram	oval from Stata	Mannir	o) no Cer	netem	r		Pitt	t. Co	. No	rth Carolina
- 1	21. SIGNATURE OF FEINERS SERVICE LIC	ENSEE A /	110000	18 001		AND ADDRESS OF F	ACILITY	12.20	0. 00	7. 110	1 011 0001 0 2 2 1 1 1
	. 101	///	//			L. Kaufm		meral	Home	a a	
	1. leur	Hav	//			Main St.					21227
	23. PART I. Enter the diseases or o	omplications that	ceused the deal	th. Do not	enter the	mode of dylno su	ch as ca	rdiac pr reep	ratory ar	reet	Approximate
- 1											
	shock, or heert failure.	Liet Dnly Dne ceue	e of each line.			induction dying, so	011 00			1000,	Interval Between
	IMMEDIATE CAUSE (Final		e of each line.				011 80 08			1000,	
	IMMEDIATE CAUSE (Final		e of each line.								Interval Between
	IMMEDIATE CAUSE (Final		e of each line.								Interval Between
z	IMMEDIATE CAUSE (Final		e of each line.								Interval Between
NOIL	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. Conc DUE TO (O b. METAS DUE TO (O	e of each line.								Interval Between
SATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING		e of each line.								Interval Between
FICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if emy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (O	e of each line.	A. CO							Interval Between
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27.02 11 1111

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRA	AR
REGISTRA	חר

1 - STATE REGISTRAR	STATE OF MARYL	CERTIF					WENTAL HYG REG.			
1. DECEOENT'S NAME (First, Middle, Last)		OLITTI	IOAI		DEAI		2. DATE OF DEAT	Н		3. TIME OF DEATH
Claude Edward Haines, Jr. May 16, 199					DAY 190	YEAR	0004 A. M			
		'in yrs. lest birthday)		ER 1 YEAR	IF UNDER		7. DATE OF BIRT	н		HPLACE (State or Foreign
214-28-5465	I 🔯 M 2 🗆 F 💮	8 YRS.	MONTHS 8	DAYS 3	HOURS	MIN.	(Month, Day, Ve 9-13-			yland
9a. FACILITY NAME (If not institution, give street	et and number)			TY, TOWN O	R LOCATIO	ON OF OE			UNTY OF E	
Baltimore Co.G	Baltimore Co.Gen.Hospital Randallstown Baltimo							more		
RESIDENCE OF DECEDENT							processes and the same of the			
Mary land Car	ro11	10c, CIT	ry, town			110				10d. INSIDE CITY LIMITS?
Maryland Car	1011			Syke			-	1.0		1 TYES 2 NO
7349 Gaither Road 101. ZIP CODE 21784 U.S.										
1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) Black, White							E — American Indian, ik, White, etc.			
15. DECEDENT'S EOUCA' (Specify only highest grade co		16a. DECEDENT'S	USUAL	OCCUPATIO	N of condito	_	16b. KIND O	F BUSINESS/I	NDUSTRY	
	College (1-4 or 6+)	(Give kind of itle, Do NOT u				9	Spr	ingfi	eld	
7 yrs.	none	Motor	01	pera	tor		Sta	te Ho	spit	al
17. FATHER'S NAME (First, Middle, Last)	_						ME (First, Middle, M		,	
Claude E. Hain	es, Sr.				GI	ady	s Mari	e Mil	ter	
198. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
20a. METHOD OF DISPOSITION 1 (X Burlai 2 Cremation 3 Remov. 4 Donation 5 Other (Specify)		PLACE OF DISPO				natory or		LOCATION		own, State Maryland
21. SIGNATURE OF FUNERAL SERVICE LICES		Tones		2. NAME AN	-	SS OF FA		121122	CIGI	rar y rane
DO 1	71 . 1	,	- 1	Burn	ier	Fu	neral 1	Home		
23. PART I. Enter the dieceses, or co	Esterned 1	•		Winf	iel	đ.	Maryla	nd 2		
ahock, or heert fellure. Li IMMEDIATE CAUSE (Finel disease or condition reaulting in death) a.	Meta Statu Due to (or as Chiesse	Carried Consequence of	wer F):	to b	lain lizea					interval Between Onset and Death
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST b. Chrowe districted lung disease Chrowe districted lung disease Due to (or as a consequence of): Chrowe districted lung disease Due to (or as a consequence of): Due to (or as a consequence of): Chrowe districted lung disease Due to (or as a consequence of): Chrowe districted lung disease Chrowe districted lung disease Due to (or as a consequence of): Chrowe districted lung disease Chrowe districted lun										
PART II. Other algnificent conditions	contributing to death t	out not resulting	In the	underlyin	cause (given in	Pf	AS AN AUTOPS ERFORMED? ES 2 NO	SY 24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
	HOSPITAL:		ОТН		ACE OF O	EATH (Ch	eck only one)			
	Inputient 2 ER/Out		4 🗆 N	lursing Hom		sidence	6 Other (Specif		20011055	
27. MANNER OF OEATH 1 M Netural 6 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. Til	ME OF IJURY M		URY AT IRK? YES 2	□ NO	28d. DEŞCRIBE I	10W INJURY	OCCURED	
3 Suicide 6 Could not be determined	28e. PLACE OF INJUR' building, etc. (Spe	Y — At home, term, clfy)	street, f	actory, offic	•		26f. LOCATION (S City or Town,	Street and Num State)	ber or Rural	Route Number,
29a. CERTIFIER 1 CERTIFYING PHYSICI (Check only one) 2 MEDICAL EXAMINER:										(a) and menner as stated.
According to the second second	meons				20	OSO(6	•	5/17	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	S, MD	1425 L	e, Print)	ery k	3	Z	- WERSON	eg my	0 21	784
31. DATE FILED (Month, Day, Year) MAY 18 '90	32. REGISTRAR'S SIGN	avidson-Rom	ndelle							

The Street

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRA
1. DECEDENT'S N
4. SOCIAL SECU
216-05
9e. FACILITY NAM

	1 - STATE REGISTRAR	OIAIL OI II	CE			F DEATH	MICH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							E OF DEATH			3. TIME OF DEATH
	Albert Burns	Houck					МОМ	5" I	7	90	8:23Pm
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. las	t birthday)	IF UNDER 1 YEA			E OF BIRTH		a. BIRTI	IPLACE (State or Foreign
	216-05-9261	17∰ M 2 □ F	74	YRS.	MONTHS DAY	HOURS MIN.		705/15		MD	
	Se. FACILITY NAME (If not institution, give	street and number)			96. CITY, TOW	N OR LOCATION OF D			9c. COL	JNTY OF D	EATH
DIRECTOR	628 Littlestown Pike				West	minster			Ca	arro	11
EC	10e. STATE 10b. COUNT	TY		10c. CI1	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?		
H	MD Car	roll			West	minster				i	1 YES 2 NO
A.	10e. STREET AND NUMBER				I	101. ZIP CODE			10g. Cl	TIZEN OF	WHAT COUNTRY?
FUNERAL	628 Littlestov	m Pike				2115	57	,			
ВУ	11. MARITAL STATUS 1 Never Merried Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 VE IF YES, GIVE WAR OR			N U.S. ARMED 2 NO 2 NO 3. WAS DECENDENT OF HISPAN if yes, specify Cuben, Mexicer 1 YES 2 NO Specify.				n, Puerto Rican, etc.) Spec			E — American Indian, k, White, atc. ite
ED	16. DECEDENT'S ED (Specify only highest grad		16e, DE	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				8b. KIND OF BUS	INESS/IN	DUSTRY	
Ē	Elementary/Secondary (0-12)	College (1-4 or 5	life	Do NOT	se retired.)	most of working					
AP.				Mach	inist	_		Marti	n Ma	arri	etta
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	-				18. MOTHER'S N	AME (Firs	t, Middle, Malden	Surname)		CALL SATISFIES
BE (Nevitt Burns	Houck				Lola	Ama	anda L	eis	ter	
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRESS (Stre	et and Number or Rural	l Route Nu	umber, City or Town	n, State, Z	Tip Code)	
2	Ruth Naomi Hou	ack	6	28 I	Little	stown Pi	ike.	West	min	ster	. MD 21157
	20e. METHOD OF DISPOSITION 20. Buriel 2 Cremetion 3 Re	and to a State		OF DISPO		cemetery, crematory or				- City or To	
	4 Donation 5 Other (Specify)	moval from State			Branch	Cemeter	су	We	stm:	inst	er. MD
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE			22. NAMI	AND ADDRESS OF F	ACILITY				
	Dahamb V	Don't dade -	C			tts Fune					
	Robert K. 23. PART I. Enter the diseases, or					Washing					nster MD
	shock, or heart failure										Interval Between Onset and Death
	IMMEDIATE CAUSE (Fille)										
	disease or condition resulting in death) s. Co. U.S. S. Phys. DUE TO (OFFICE A CONSEQUENCE OF):										
z											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate										
3	Cause, Enter UNDERLYING CAUSE (Disease or Injury	c									
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE (OF):						
ER	resulting in openin Exor	d									
7	PART II. Other significant condition	ons contributing to	desth but not	resulting	In the underl	ying ceuse given ir	n Part I.	24a. WAS AN		Y 24	b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	and	alon						PERFOR		.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
								10,100			OF DEATH? 1 YES 2 NO
2											
AN	25. WAS CASE REFERRED TO MEDICAL				20	. PLACE OF DEATH (C	Check only	/ one)			
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER:	iome 8 A Residence		ther (Sneck)			
Η	27. MANNER OF DEATH	28e. DATE O	F INJURY	28b. TI	ME OF 28c	INJURY AT	7	DESCRIBE HOW I	NJURY O	CCURED	
	1 Netural 8 Pending		Day, Year)	16	IJURY M 1	WORK? YES 2 NO					
BY	2 Accident Investigation 3 Suicide 8 Could not b	28e. PLACE	OF INJURY — At he	ome, farm,	street, factory,	office	28f. L	OCATION (Street	end Numb	er or Rural	Route Number,
COMPLETED	4 Homicide detarmined	- building	, etc. (Specify)				,	Otty or Town, State))		
Ш	290. CERTIFIER 1 DEERTIFYING PHY	SICIAN: To the best o	f my knowledge de	eth occur	red at the time	date end place, end du	ue to the	cause(e) end ma	nner ee e	tated.	
MP	one)										(s) end manner se stated.
	29b. SIGNATURE AND TITLE OF CERTIF	IER				Tage LICENSE N	IIMOEO		204 0	ATE CIONE	B (Month Day Mar)
BE		sken mo				29c. LICENSE NO	T /	9	296. D	10NE	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON V		JSE OF DEATH (ITS	M 27) /5«	ne. Print)	1 1 1 1	1	1		1.0	100
	92 washigh	Ked V	Western	h .	M	2157					
	31. DATE FILED (Month, Day, Year)	S2. DEGISTR	Davidson-R	md a BR	2		_		_		
	MAY 4 I JU	gunder	mortage . M	17.7							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	REGIST
	DOR
ı	4. SOCIAL SE
- department	213- Da. FACILITY
	CAKR
ı	10s. STATE
)	md
H	10e. STREET

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG	. NO.		
1, DECEDENT'S NAME (First, Middle, Last)	Hunder	MARK			2. DATE OF DEA		YEAR 90	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			HITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day,)	ber)	-	IPLACE (State or Foreign y) IId.
9a. FACILITY NAME (If not institution, give street CAKROLL CO. GEN	11			INSTER			INTY OF O	
100. STATE 10b. COUNTY Md CARK	Pal I	Hoc. CITY, T	DOS CO	ION 1				10d. INSIDE CITY LIMITS?
3508 HAMP- MI		1161		ZIP CODE		10g. Ci	TIZEN OF V	WHAT COUNTRY?
	12, WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 100		ENDENT OF HISPAN celly Cuban, Maxican 2 NO Specify	n, Puarto Rican, a		14. RACI Blaci Speci	E — American Indian, k, White, atc. White
15. DECEDENT'S EDUCA (Specify only highest grade co (Specify only highest grade co 11 th grade	TION Impleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in Federal	k done during mot etired.)	et of working		al Secu		
17. FATHER'S NAME (First, Middle, Lest) Clarence Peregoy				18. MOTHER'S NAME Grace	ME (First, Middle, I Rhoten	Valden Surname)		
19a. INFORMANT'S NAME (Type/Print) Mrs. Donna L. Kent				nd Number or Rurel F				
20e METHOD OF DISPOSITION 1 Burlat 2 Cremation 3 Remov	al from State	other place) For		netery, crematory or otist Cem		Oc. LOCATION -		
21. SIGNATURE OF EUNERAL SERVICE LICENTA	W. Elu	ie		Main St	E 1 1 (e Funer tead, i		
23. PART I. Enter the disesses, or conshock, or heart feliure. List IMMEDIATE CAUSE (Final disesse or condition resulting in deeth)		ech line.	enter the mo		SIS	**RANC		Approximate interval Between Onset end Death 2 DAM 1.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):			100 0	<i>y</i>)100	0~	. 6 Mo.
PART II. Other significant conditions	contributing to death t	out not resulting in	ths underlying	y cause given in	F	VAS AN AUTOPS ERFORMED? YES 2 (D-NO	240	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	HOSPITAL:		THER:	ACE OF DEATH (Ch				
27. MANNEB OF CEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c, INJ	RK?		HOW INJURY O	CCURED	
2 Accident Hrvestigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe	/ — At home, farm, atre	et, factory, offic	1	28f. LOCATION City or Town		er or Rural	Route Number,
one)	AN: To the best of my know							a) and menner as stated.
SIGNATURE AND TITLE OF CENTERIEN	~			29c. LICENSE NUI	MBER	29d. D/	S ·	(Month, Day, Year)
AND ADDRESS OF PERSON WHO	Ann.	@ 21)	rint) WO	Shunft	n flo	· Wes	min	ister MILII
31. DATE FILEO (Month, Day, Year) MAY 21 '90	32. REGISTRAR'S SIGN	doon RandeM	6	0				

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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	1. DECEDENT'S NAME (First, Middle, Last)								MONT	OF DEATH	N.	YEAR	3. TIME OF DEATH
		BRENDA J							MAY 7 1990 11:1			11:10 P M	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In:	MONTHS DAYS HOURS MIN.			7. DATE (Mont)	OF BIRTN		8. BIRTI Count	NPLACE (State or Foreign ry)		
	223-72-1378	1 M 2 F	Λ 40						26 19			RGINIA	
, oc	9e. FACILITY NAME (If not institution, give street and number)								EATN			NTY OF E	
DIRECTOR	NATIONAL NAVAL MEDICAL CENTER					BE	THES	DA			MO	NTGO	MERY
HEC	10e. STATE 10b. COUNT		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY	
	VIRGINIA			NOR	FOLK							1 X YES 2 NO	
3AL	10e. STREET AND NUMBER					101.	ZIP COD	-			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	1301 WEST							2350				ITED	STATES
F	11. MARITAL STATUS 1 Never Merried 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2									i? (Specify Yas Ricen, atc.)	or No-	14. RAC	E — American Indian, k, White, etc.
ВУ	3 Wildowed 4 Divorced	WAR OR DATES 2			1 TYES	2 X NO	Specify	y:			Spec	#y: BLACK	
8	15. DECEDENT'S EDU	CATION		CEDENT'S					:16b	. KIND OF BUS	INESS/INI	DUSTRY	DIAOR
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	100	live kind of a. Do NOT u	se retired.)	during mos	st of works	ng					
MP	12		SI	CRET	ARY								
00	17. FATHER'S NAME (First, Middle, Last)						16. MOT			Middle, Malden			
BE	ALAN SM	ITH								BETH W		_	
2	19e. INFORMANT'S NAME (Type/Print)		19							ber, City or Town		Code)	
	RANDALL JONES 20a. METHOD OF DISPOSITION		20b. PLACE						, VA	22134			(C-1)W.
	1 M Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	HAMP I	ON N	ATTO	NAT.	CEME	TERY			CATION —		RGINIA
	21. SIGNATURE OF FUNERAL SERVICE LA	WHEE (12222	011 11	-	NAME AN				122	1 1014	, , , ,	TOTIVIA
	> Z/1/	W/			E	. A.	HUG	HES	FNRI	. HOME	E. NO	RFOI	LK, VA.
	23. PART I. Enter the diseases, or	cumplicatione the	at caused the de	eath. Do	not enter	the mo	de of dy	Ing. euc	h es cer	liac or respi	ratory er	reat.	Approximate
	shock, or heart fellure.	ant only one ce	use on sech line	В.			,						Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	NON-H	ODCKING	T VMP	нома								
	a. NON-HODGKINS LYMPHOMA DUE TO (OR AS A CONSEQUENCE OF):												
Z	Sequentially list conditions, b. AIDS.												
	If any, leading to immediate	DUE TO	(OR AS A CONSE	GUENCE O	F):								
2	CAUSE (Disease or Injury	c	OR AS A CONSE	OHENCE O	E).								
CERTIFICATION	that initiated events resulting in death) LAST	00210	(OH AS A CONSE	GUENCE U	r j.								
CEI		d											_
AL	PART II. Other eignificent condition	e contributing to	death but not	reaulting	In the ur	nderlying	cause	given in	Part I.	24a. WAS AN PERFOR		248	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DIC										1 TYES 2			COMPLETION OF CAUSE OF DEATH?
M		<u> </u>											1 YES 2 NO
PHYSICIAN: MEDICA											_		
CI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	DEATN (Ch	eck only or	10)			
ΙΥS	1 TYES 2 NO	1 Xinpetient 2	ER/Outpatient					ealdence	6 Othe				
4	1 X Natural 5 Pending	(Month, i	Day, Year)	26b, Tilk	JURY		RK?	7 40	28d. DE	CRIBE HOW I	NJURY OC	CUMED	
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE	OF INJURY — At he	ome, farm.	atreet, fec				28f. LOC	ATION (Street a	and Numbe	r or Rural	Route Number
	4 Nomicide 6 Could not be	bullding	, atc. (Specify)	, , , , ,		,				or Town, State)	no moneo	0.110.01	riodio ridiriodi,
	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the hest o	f my knowledge d	neth accum	and at the t	lima data	and plan	and due	to the co	una(a) and mar		and .	
H	(Check only one) 2 MEDICAL EXAMINE												e) and manner as stated.
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COMPLETED	29b. BURNIEURE AND THE OF CERTIFIE	A											Month, Day, Visar)
BE	296. IS PURE AND TYLE OF CERTIFIC	an m	1								>	PIN	104 90
BE	29b. IN THE AND THE OF CERTIFIED	O COMPLETED CAL	JSE OF DEATH (ITE	M 27) (Type	a, Print)		D3	5835		AL MED	▶ ,	PM	10x 90
	BPMerch			-	a, Print)		D3 NATI	5835 ONAL	NAV	AL MED 20814	ICAL	CEN	10x 90

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IMPORTANT: If Item 28 is marked, or Item 23 s	O BE COMPLETED BY PHYSICIAL
IMPORTANT: If Item 28 is 1	MPI FTE
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MP	0

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC				YGIENE G. NO.			
1. DECEDENT'S NAME (First, Middle, L	WANDA V JAN	USZEWSKI			2. DATE OF D MONTH MAY	13	19	90	TIME OF DEATH 8:30P
4. SOCIAL SECURITY NUMBER 050-16-8922	1 □ M 2 🂢 F	71 YRS. M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day DEC 13	, 19:			
9a. FACILITY NAME (If not institution, 15300 TURKEY FO	OOT ROAD		DARNEST	OWN	ATH		MONT		
10s. STATE 10b. CO	10s. STATE 10b. COUNTY			ON A					Od. INSIDE CITY LIMITS? YES 2 X NO
100. STREET AND NUMBER 2507 OBERLIN DE	2507 OBERLIN DRIVE			2307			USA	N OF WH	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3XXWidowed 4 Divorced	1 Never Married 2 Merried FORCES? 1 YES 2			endent of Hispan city Cuben, Mexical 2 XNO Specify	n, Puerto Ricen			Specify:	- American Indian, White, etc.
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	(Specify only highest grade completed) ementary/Secondary (0-12) College (1-4 or 6 +)			DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) DETATT					
17. FATHER'S NAME (First, Middle, Les WALTER SWOL	RETAIL		18. MOTHER'S NA MARY	ME (First, Middle					
TOM JANUSZEWSI	TOM JANUSZEWSKI 139				CENTREV	ILLE	, VA	2202	
20b. PLACE OF DISPOSITION (Name of cometery, crematory or 1 DBurles 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or Comparison 5 Other (Specify) 21. SMATICO NATIONAL CEMETERY 22. Name and address of Facility DEMAINE FUNERAL HOMES, INC ALEXANDRIA, VIRGINIA 22314									
23FART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory street, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) ADENOCARCINOMA OF COLON DUE TO (OR AS A CONSEQUENCE OF):							Approximate Interval Betwee Onset and Dea		
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other eignificent cond	but not resulting in	the underlying	g couse given in	10=	YES 2	IED?		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO	
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 X NO	HOSPITAL:		OTHER:	ACE OF OEATH (Ch		eclfv)			
27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investign		Y 26b. TIME	OF 28c. INJ		28d. DEŞCRII		JURY OCCU	JRED	
3 Suicide 6 Could n 4 Homicide determin	28e. PLACE OF INJU	RY — At home, farm, atropocity)	reet, factory, offic		281. LOCATIO City or To	N (Street an wn, State)	nd Number o	or Aural Ac	ute Number,
One)	PHYSICIAN: To the best of my kn AMINER: On the basis of examina								and manner as stated.
29b. SIGNATORE AND TITLE OF CEP	Sulane	and		29c. LICENSE NUI 0101 01			29d. DATE	SIGNED (Month, Day, Year)
L F Smith, Jr	, MD 5226 D	awes Avenu		andria,	VA 223	311			
31. DATE FILED (MONITY Day, Year)	Sulia David	dron Banda 00							



STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CE	ERTIFICATE	OF DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)	CERNORIA	D. JOHN	ISON		2. DATE OF DEATH	147-90 XEA	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. 442-22-3584 1	8EX 6. AGE (In 8]	8 AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HR VRS. MONTHS DAYS HOURS MIR			7. DATE OF BIRTH (Month, Day, Year) 04-10-	Co	RTHPLACE (State or Foreign unitry)		
TOH	9a. FACILITY NAME (If not institution, give street Brooke Grove Nu: RESIDENCE OF DECEDENT						Monto	omery		
DIREC	10a. STATE 10b. COUNTY Maryland Montgo		10d. INSIDE CITY LIMITS? 1 2 YES 2 NO							
FUNERAL DIRECTOR	100. STREET AND NUMBER 3333 University	University Blvd W., #702			ZIP CODE 20895	10g. CITIZEN C	109. CITIZEN OF WHAT COUNTRY?			
BY	11. MARITAL STATUS 12. 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced	WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2500	It yes, spe-	NOENT OF HISPAN city Cuban, Maxicai 2 X NO Specify	IC ORIGIN? (Specify n, Puerto Ricen, etc.)		ACE — American Indian, llack, Whita, atc. pecify: Black		
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade come Elementary/Secondary (0-12)	ON pleted) Ollege (1-4 or 5+) (PHD)	Ille. Do NOT use re	t done during mos etired.)	of working	St. Take	onal Ui	ban League		
BE COM	17. FATHER'S NAME (First, Middle, Leat) John McGowan	(-11-)				ME (First, Middle, Maid ie John				
TO B	196. INFORMANT'S NAME (TypesPrint) Janice Smith (Daughter) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7980 New Riggs Rd., #206, Adelphi, MD 20783									
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Ramoval from State 4 Donation 6 Other (Specify) 21. Monature of Funeral Service Ucensee 22. NAME AND ADDRESS OF FACILITY Snowden Funeral Home, P.A.									
	Cance R.	mond	lu-	Rockv.	ille, M	D 20850				
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (DR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (DR AS A CONSEQUENCE OF):									
SERTIFI	CAUSE (Disease or Injury that initiated evants resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.									
PHYSICIAN: MEDICAL	CERERRAL THROM 180565 PERFORMED? 1 yes 2 NO DF DEATH?							24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
SICIAN		OSPITAL:		THER:	ACE DF OEATH (Chi	6 Other (Specify)				
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Dey, Year)	26b. TIME D INJUR	F 28c, INJL	IRY AT	28d. DESCRIBE HO	W INJURY OCCURE			
	3 Suicide 6 Could not be detarmined	28s. PLACE DF INJURY - building, etc. (Specify	- At home, farm, stre	et, factory, office		261. LOCATION (Stra City or Town, Str		ral Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 2 MEOICAL EXAMINER: O							se(a) and manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	MD	W JITEM OF JESS OF		D33	700	29d. DATE SIG	NED (Morith, Day, Year)		
	TED HOWE 31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIGNAL		OLNE	=Y	MARY	LAND			
	MAY 22 '90	Suria David		P.						

61651 --

No.

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TO BE COMPLETED BY FUNERAL DIRECTOR

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AHAL	etained by	should by	otified a
AT, B	тау be п	or, page 5	ist be no
<u> </u>	n. Page 6	eral directo	niner mu
BAL	after death	by the fune	ical exam
	Z. nours	filled in t	the med
40,	ed within	completely al, cremati	event, t
15 A	be execut	cian and c	raumatic
DIVISION OF VITAL RECORDS, F.O. BOX 13146, BALLIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Amount after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
7, 7	the death	the attend	Injury, o
250	ires that	signed by Health and	ws any
וֹר אה	e law requ	has been Dept. of	1 23 sho
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N C	ING PHYS	offer this ceath with	marked
NING C	S ATTEND	RECTOR: A	m 28 ls
5	PITAL OR	ERAL DIF	T. It iter
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF I	MARYLAND / DEPARTMENT O	F HEALTH AND	MENTAL HYGIENE
	CERTIFICATE (OF DEATH	REG. NO.

1 - STATE REGISTRAR	SIATE UF MARYLA	ND / DEPARTM CERTIFIC		EALTH AND MEI DEATH	NTAL HYGIEN REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last)	TOURIGON			2.	OATE OF OEATH		3. TIME OF OEATH
RALPH JOHN	JOHNSON			10	MAY 6,	1990 '	8:50pm M
			F UNDER 1 YEAR	IF UNDER 24 HRS. 7.	OATE OF BIRTH	8.	BIRTHPLACE (State or Foreign Country)
	x M 2 □ F 72	Z YRS.			1		New Jersey
9s. FACILITY NAME (If not institution, give stree				R LOCATION OF OEATH	I	9c. COUNTY	OF DEATH
AMI DOCTORS HO	SPITAL of P			-SEABROOK		PRIN	CE GEORGE'S
	nas Coorses		rown or locati w Carro				10d. INSIDE CITY LIMITS?
Maryland Pri	nce Georges	Ne		ZIP COOE		40. 0171754	1 ¥ YES 2 □ NO
6227 87th Ave.			101.	20784			J.S.A.
11. MARITAL STATUS	2. WAS DECEDENT EVER IN		13. WAS OECI	NOENT OF HISPANIC O	ORIGIN? (Specify Yea		. RACE — American Indian.
1 Never Married 2 A Married	FORCES? 1XXYES IF YES, GIVE WAR OR DA			cify Cuban, Maxican, Pr 2 X NO Specify:	uarto Rican, atc.)		Black, White, atc. Specify:
3 Widowed 4 Divorced	MMTT						Cauc.
15. DECEOENT'S EDUCAT (Specify only highest grade coi	TION mpleted)	(Give kind of work life. Do NOT use n	k done during mos		16b. KINO OF BUS	SINESS/INOUS	TRY
Elementary/Secondary (0-12) Unk	College (1-4 or 5+)	Printer	,		Unk.		
17. FATHER'S NAME (First, Middle, Last)		TIME		18. MOTHER'S NAME (Sumama)	
John Johnson				Sara	r irat, mirodie, mierodir	Surrieme)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ODRESS (Street at	nd Number or Rural Route	Number, City or Tow	n, State, Zip Co	ode)
Doris Johnson		6227 8	7th Ave	. New Carr	rollton, N	ID 2078	84
20a. METHOD OF DISPOSITION 1X Burlal 2 □ Cremation 3 □ Remove	20b.	PLACE OF OISPOSITI	ION (Name of cert	etery, crematory or	20c. LO	CATION - City	y or Town, State
4 Donation 5 Other (Specify)	A	Maryland		s Cemetery			am,Maryland
21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE		22. NAME AN	on/Hale Fu	neral Ho	me	
Declared	Xeul -			Annapolis			20706
23. PARTI Enter the diseases, or con shock, or heart fellure, Lis	polications that caused	the death. Do not	enter the mo	de of dying, such as	cardiac or reapi	ratory arrest	
IMMEDIATE CAUSE (Final	^						interval Between
disease or condition	// 4	1	_				Onset and Death
resulting in desth)	Diterio Ac	dutul	Christ	rascula	v dese	ase:	Onset and Death
	DE TO 199 AS A	CONSEQUENCE OF):	Chride	rascula	v deze	ase'	Onset and Death
	OUE TO (QA AS A	CONSEQUENCE OF):	Chroli	rascula	v dize	are'	Onset and Death
resulting in desth) Sequentially list conditions, if any, leading to immediate	OUE TO (QA AS A	CONSEQUENCE OF):	Chride	rascula	v dize	asi	Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A	CONSEQUENCE OF):	Carde	rescula	vdije	asi'	Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF):	Cardi	rescula	v dize	are	Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):				AUTOPSY	24b. WERE AUTOPSY FINOINGS AWAILABLE PRIOR TO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):			t I. 24a. WAS AN	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF GEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	OUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):			t I. 24e. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINOINGS AWAILABLE PRIOR TO COMPLETION D' CAUSE
resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condit	OUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	the underlying		t i. 24a. WAS AN PERFOR . 1 □ YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF GEATH?
resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condit	OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in	the underlying 26, PL	cause given in Par	t i. 24a. WAS AN PERFOR . 1 U YES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF GEATH?
resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condit	OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A contributing to deeth but IOSPITAL: inpetient 2 PER/Output 28e. DATE OF INJURY	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the second of th	28. PL THER: Nursing Homo	ACE OF OEATH (Check o	t i. 24a. WAS AN PERFOR . 1 U YES 2	AUTOPSY MED? MY NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF GEATH? 1 YES 2 NO
PART II. Other significant conditions of the Examiner 1 Decard to	OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A contributing to death bu	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in 1	26, PL OTHER: Nursing Homm WO WO WO	ACE OF OEATH (Check o	t i. 24a. WAS AN PERFOR . 1 YES 2	AUTOPSY MED? MO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF GEATH? 1 YES 2 NO
PART II. Other significant conditions of the Examinus of the State of	OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A Contributing to deeth but OSPITAL: Inpatient 2 PER/Outpa 26a. DATE OF INJURY (Month, Day, Year)	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the state of t	28. PL OTHER: Nursing Hom. Y M 1 Y	ACE OF OEATH (Check of 6 Raeldence 8 28-18K?	t i. 24a. WAS AN PERFOR . 1 VES 2	AUTOPSY MED? MO NO	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF GEATH? 1 YES 2 NO
PART II. Other significant conditions of the same of the significant conditions of the significa	OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A Contributing to deeth but COSPITAL: Inpatient 2 PER/Outpate 26a. DATE OF INJURY (Month, Day, Year)	CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the state of t	28. PL OTHER: Nursing Hom. Y M 1 Y	ACE OF OEATH (Check of 6 Raeldence 8 28-18K?	1 . 24a. WAS AN PERFOR 1 YES 2 only one) Other (Specify) d. DESCRIBE HOW 8	AUTOPSY MED? MO NO	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF GEATH? 1 YES 2 NO
PART II. Other significant conditions of the same of t	OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A Contributing to deeth but IOSPITAL: Dispatient 2 PER/Output 26a. DATE OF INJURY (Month, Day, Fran) 28b. PLACE OF INJURY building, etc. (Special	CONSEQUENCE OF): CONSEQUENCE OF): At not resulting in 1 attent 3 DOA 4 28b. TIME C INJUR At home, farm, streity)	26. PL DTHER: Nursing Hom Y M 1	Cause given in Par ACE OF OEATH (Check of a 6 Residence 8 PAR ARC PROPERTY AT ARC PROPERTY A	t I. 24a. WAS AN PERFOR 1 YES 2 Only one) Other (Specify) d. DESCRIBE HOW I City or Town, State)	AUTOPSY IMED? IN NO NJURY OCCUR and Number or	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF GEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions of the condition	OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A Contributing to deeth but IOSPITAL: Dispatient 2 PER/Output 26a. DATE OF INJURY (Month, Day, Fran) 28b. PLACE OF INJURY building, etc. (Special	CONSEQUENCE OF): CONSEQUENCE OF): At not resulting in 1 attent 3 DOA 4 28b. TIME C INJUR At home, farm, streity)	26. PL DTHER: Nursing Hom Y M 1	ACE OF OEATH (Check of the control o	t I. 24a. WAS AN PERFOR 1 VES 2 Only one) Other (Specify) d. DESCRIBE HOW I City or Town, State) he cause(a) and mai	AUTOPSY MED? NO NJURY OCCUP and Number or ther as stated. d due to the c	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE DE CATH? 1 YES 2 NO RED RED RED Revel Route Number,
PART II. Other significant conditions of the same of t	OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A Contributing to deeth but IOSPITAL: Dispatient 2 PER/Output 26a. DATE OF INJURY (Month, Day, Fran) 28b. PLACE OF INJURY building, etc. (Special	CONSEQUENCE OF): CONSEQUENCE OF): At not resulting in 1 attent 3 DOA 4 28b. TIME C INJUR At home, farm, streity)	26. PL DTHER: Nursing Hom Y M 1	Cause given in Par ACE OF OEATH (Check of a 6 Residence 8 PAR ARC PROPERTY AT ARC PROPERTY A	t I. 24a. WAS AN PERFOR 1 VES 2 Only one) Other (Specify) d. DESCRIBE HOW I City or Town, State) he cause(a) and mai	AUTOPSY MED? NO NJURY OCCUP and Number or ther as stated. d due to the c	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF GEATH? 1 YES 2 NO
PART II. Other significant conditions of the same of t	OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A Contributing to deeth but IOSPITAL: Inpatient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the second of the second o	26. PL THER: Nursing Hom Y M 1 V at the tims, data in my opinion, do	ACE OF OEATH (Check of the control o	t I. 24a. WAS AN PERFOR 1 VES 2 Only one) Other (Specify) d. DESCRIBE HOW I City or Town, State) he cause(a) and mai	AUTOPSY MED? NO NJURY OCCUP and Number or ther as stated. d due to the c	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE DE CATH? 1 YES 2 NO RED RED RED Revel Route Number,
PART II. Other significant conditions of the country of the countr	OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A OUE TO (OR AS A Contributing to deeth but IOSPITAL: Inpatient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special	CONSEQUENCE OF): CONSEQUENCE OF): At not resulting in the state of t	26. PL THER: Nursing Hom Y M 1 V at the tims, data in my opinion, do	ACE OF OEATH (Check of the control o	t I. 24a. WAS AN PERFOR 1 VES 2 Only one) Other (Specify) d. DESCRIBE HOW I City or Town, State) he cause(a) and mai	AUTOPSY MED? NO NJURY OCCUP and Number or ther as stated. d due to the c	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE DE CATH? 1 YES 2 NO RED RED RED Revel Route Number,

1

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEI		
1, DECEDENT'S NAME (First, Middle, Last)		A CD O LVDT	7 TONTI	C C D	2. DATE OF DEATH MONTH	DAY Y	a. TIME OF OEATH
4. SOCIAL SECURITY NUMBER		ACE O'NEI	L JUNES	IF UNDER 24 HRS.	MAY 17,		5:50 P M BIRTHPLACE (State or Foreign
	AVVII A D S	MC MC	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
220-28-2026 9e. FACILITY NAME (If not institution, give	1 5	6 YHS.	h CITY TOWN (OR LOCATION OF DE	11/18/19		MARYLAND OF OEATH
BOX 211 (DECEA	SED'S RESIDEN			DVILLE			chester
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	ry	10c, CITY, 1	TOWN OR LOCAT	TION			10d, INSIDE CITY
MARYLAND DOR	CHESTER	т	ODDVILI	E			1 TYES 2 NO
10e. STREET AND NUMBER	OHEOTER			. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
BOX 211				21672			U.S.A.
11, MARITAL STATUS 1 Never Married MM Married 3 Widowed 4 Olvorced	12. WAS OECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 NO Specify	IIC ORIGIN? (Specify Y n, Puerto Rican, atc.)		. RACE — Americen Indian, Black, White, stc. Specify: WHITE/CAUC.
15. DECEDENT'S EDI (Specify only highest grad	UCATION	16a. DECEDENT'S US	UAL OCCUPATION	ON of working	16b. KINO OF B		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use I	retired.)	at or working			
9th grade		WATE	RMAN			SHELL	FISH
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Surneme)	
HILBY JONES				FREII			
19a. INFORMANT'S NAME (Type/Print) MRS. MARY PRISCI	(WIFE) LLA JONES			OVILLE, N	Route Number, City or R IARYLAND	wn, State, Zip Ci 21672	ode)
20s. METHOD OF DISPOSITION 1√ Burlel 2 □ Cremation 3 □ Rer	noval from State	PLACE OF DISPOSIT			20c. L	OCATION — CH	y or Town, State
4 Donation 5 Other (Specify)	ZI	ON U.M. C	_			DDDVILL	E, MARYLAND
21. SIGNATURE/OF FUNERAL SERVICE L	ken-Bron	00 718 Well	CURI	ND ADDRESS OF FA RAN FUNE F HIGH ST.		GE, MD	. 21613
23. PAHI I. Enter the diseases, or	complications that cause. List only one cause on e						
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Arterioscl		rdiovas	cular Di	sease		Onset and Death Years
	DUE TO (OR AS A	CONSEQUENCE OF):					
Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING	DUE TO (OR AS /	CONSEQUENCE OF):					
CAUSE (Disease or Injury that initiated eventa	OUE TO (OR AS A	CONSEQUENCE OF):					
resulting in death) LAST	d						
PART II. Other eignificant condition	ona contributing to death b	ut not resulting in	the underlyin	g cause given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
					PERF	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
						2 M) 110	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (CA	eck only one)		
1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out		OTHER: Nursing Hor	ne 5 X Reeldence	8 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI		JURY AT ORK? YES 2 NO	28d, DESCRIBE HOV	V INJURY OCCU	RED
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY	— At home, farm, str	eet, factory, offic	00	281, LOCATION (Stree City or Town, Sta		r Rural Route Number,
29e. CERTIFIER					70.00 00000		
(Check only	SICIAN: To the best of my know NER: On the beste of examination						ceuse(e) end menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICENSE NU	MBER		SIGNED (Month, Day, Year)
James F. Ms	Cotto No.	•		D07052		5/2	1/90
James F. McCarte	100		,	idge. Ma	aryland.	21613	
31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIG	Mature Manda	De.	0 - ,	,		
MAY 22'90	2000	Comment of the comment					



TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at other.
ral.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defined
er death. Page 6 may be retained by the hors	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cetificate be executed within 24-frours after death. Page 6 may be retained by the host
DALLIMORE, MARTLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13149,

					31	0 1430-			
FOR 1 STATE	STATE OF MAR		IENT OF HEALTH AND	MENTAL HYGIEN	E				
REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.					
1. DECEDENT'S NAME (First, Middle	B, Last)	(, ,		2. OATE OF DEATH	AY. O O YEAR	3. TIME OF DEATH			
BIANCHE	> H,	JOHNSO.	1	5-12-	1990	8:45			
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign			
216-44-4410	1.0,,,,	82 YRS.		1	008 BIC	DUX, NEBRAS			
98. FACILITY NAME (If not institution	Mem. Hos	pital "	LCITY, TOWN OR LOCATION OF DE	rath MCC	9c. COUNTY OF	rford			
	COUNTY		OWN OR LOCATION			10d. INSIDE CITY LIMITS?			
MARYLAND	CECIL	RIS	SING SUN			XXYES 2 NO			
10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?			
21 HAINES	AVENUE		2191	1	US	3A			
11. MARITAL STATUS	12. WAS DECEDENT EVE	ED IN U.S. ADMED	13. WAS DECENDENT OF HISPAI						
1 Never Married 2 Marrie	FORCES? 1 Y	ES 2 NO	If yea, specify Cuban, Maxico	an, Puarto Rican, atc.)		ACE — American Indian, lack, White, atc.			
3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 TYES 2 KNO Specif	y·		pecify:			
			<u> </u>			WHITE			
15. DECEDEN' (Specify only highe	T'S EDUCATION est grade completed)	16a. DECEDENT'S US	UAL OCCUPATION done during most of working	16b. KIND OF BU	SINESS/INDUSTR	Υ			
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	etired.)						
12	4	NURSE		NIII	RSING				
17. FATHER'S NAME (First, Middle, i	l anti	THORDE	48 MOTHERIE NA	ME (First, Middle, Malden					
					Surname)				
ARCHIE LEE A	KERS		MAR	Y SHAW					
19a. INFORMANT'S NAME (Type/Pri	int)	19b. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Code))			
RICHARD E. J	OUNCON	Dm1 I	BOX 17A LOR	DATNE KAN	ICAC 6	7/150			
	UNISON								
20a. METHOD OF DISPOSITION ↑ Burial 2 ☐ Cremation 3	☐ Ramoval from State	other place)	ON (Name of cemetery, crematory or	20c. LC	CATION City of	r Town, Stata			
4 Donation 5 Other (Spec		BROOKVIEV	V CEMETERY		RISING	SUN, MD			
21. SIGNATURE OF PUNERAL SER	MICE LICENSEE		22. NAME AND ADDRESS OF FA						
11/1	4/1	1	R.T. FOA	RD FUNERA	YI' HOWI	E			
et of our	1 1 (10	ed;	RISING	SUN, MD					
23. PART I. Enter the disess	es, or complications that car	the deeth. Do not	anter the mode of dying, aud	ch as cardiec or reap	iretory arrest.	Approximate			
ahock, or heart t	fellure. Liat only one cause o	in each line.			,,	Interval Between			
IMMEDIATE CAUSE (Final	(D)	11				Onset and Deatl			
diseese or condition resulting in death)		M				1400			
readiting in death)	DUE TO (OR	AS A CONSEQUENCE OF:	2 / 1						
- Malmilailia									
Sequantially list conditions, b. bue to (or as a consequence of):									
if any, leading to Immadiata	SIGE TO (ON)	AS A CONSEQUENCE OF):				İ			
cause. Entar UNDERLYING CAUSE (Disease or Injury	c								
that initiated events	OUE TO (OR	AS A CONSEQUENCE OF):							
resulting in death) LAST									
PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMILIBLE PRIOR TO									
						COMPLETION OF CAUSE			
				1 YES :	2 PMO	OF DEATH?			
					- 1	1 YES 2 NO			
25. WAS CASE REFERRED TO ME	OICAL		28. PLACE OF OEATH (C	heck only one!					
EXAMINER?	HOSPITAL:		THER:						
1 TYES 2 NO	1 Inpatient 2 ER/		☐ Nursing Home 5 ☐ Rasidenca						
27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Ye	JRY 28b. TIME (OF 28c. INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCURE	D			
1 Natural 5 Pendi	ing tigetion	, , , , , , , , , , , , , , , , , , ,	M 1 YES 2 NO						
2 Catalda	28e. PLACE OF INJ	JURY — At home, farm, stre	et, tactory, offica	28f. LOCATION (Street	and Number or Ri	iral Route Number			
3 Suicida 8 Could 4 Homicide detari	not be building, atc.	(Specify)	,,,	City or Town, State)				
- Inclined detail									
29a. CERTIFIER 1 CERTIFYIN	IG PHYSICIAN: To the best of my I	(nowledge, death occurred	at the time, data and place, and du	a to the cause(a) and ma	nner as stated				
one)			in my opinion, death occured at th			sea(a) and manner so eleted			
2 MEDICAL	TOTAL OF THE DESIGN OF EXPLORE	mention and or investigation,	m my opinion, death occured at the	w time, tiling and place, a	DUE TO THE COU	rough and manner as stated.			
29b. SIGNATURE AND TITLE OF	ERTIFIER		29c CENSE NU	IMBER .	29d. DATE SIG	NED (Month, Day, Year)			
1811	Ucel 4		11/2	2190	> 5	113/00			
20 NAME AND ADODESS OF DES	ISON WHO COMPLETED CAUSE O	E OFATH ITTEN AT CO.	(mt)	1.1		1.170			
	AGOIN WITH COMPANY OF LAUSE OF	COUNTRICHEM, 4/1 (IVD6, P)	mmi . I		-				

OHN

31. DATE FILED (Month, Day, Year)
MAY 1 6 '90

32. REGISTRAR'S SIGNATURE

(505-5# | PRAN. FRAN

ISTATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR			ATE OF DEATH	1	REG. NO.				
30	1. DECEOENT'S NAME (First, Middle, Lest)	WILLIAM	B. JOLLY	III	2. DATE MONTH		YEAR 1990	3. TIME OF DEATH		
		1 1 1 1 1 2 □ F	28 YRS. M		MIN. (Mont)	OF BIRTH b, Pay, Year) 29/6/	VIR	GINIA		
TOR		4 GENERAL	-1 -	DULUMBIA.			HOU	JARI)		
- DIRECTOR	10a. STATE 10b. COUNTY MARY (APV) 40 10a. STREET AND NUMBER	WARD		LUMBIA	MARK	cours		10d. INSIDE CITY LIMITS? 1 255 2 NO		
NERAL	5363 Brow	KWAY A	· ·	210	, ,		USI	NHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D	SYNO	13. WAS DECENDENT OF It yes, specify Cuben, 1 YES 2 (1) NO	Maxican, Puerto I	i? (Specify Yes or No- Rican, etc.)	- 14. RACI Blac Spec	E — American Indian, k, White, etc. thy: WHITE		
PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)			SUAL OCCUPATION Is done during most of working befored.) PECH.		KIND OF BUSINESS		DUSTRIES		
BE COMPL	17. FATHER'S NAME (First, Middle, Leat) WILLIAM B. JO.	LLY, JR.			R'S NAME (First, I	Middle, Malden Surnem	•)			
10	19a. INFORMANT'S NAME (Type/Print) WILLIAM B. JOL.	LY, JR.		BROOKWAY				1044		
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	val from State	other place) OLUMBIA	NEMORIAL 1	PARK	20c. LOCATION	— City or To	Land Street		
	21. SIGNATURE OF FUNERAL SERVICE LICE	n XII,	M00535	22. NAME AND ADDRESS	S.	LACK FUN				
CATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	BILATE	rai p	LARY AR WEUMON, EUMOTHO	IA		luva			
SICAL CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS)	A CONSEQUENCE OF):			24a. WAS AN AUTOP PERFORMED?		a. WERE AUTOPSY FINDI		
MEC						1 TES 2 NO		COMPLETION OF CAU OF DEATH? 1 YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. PLACE OF 0E/ OTHER: Nursing Home 5 Resi							
ву рну	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJURY AT WORK? M 1 YES 2	TY AT 28d. DEŞCRIBE HOW INJURY OCCURED (?)					
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR' building, atc. (Spe	Y — At home, farm, str ocily)	— At home, farm, street, factory, office 2			28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	ana)			at the time, data and piece, a in my opinion, death occurre				s) and manner as state		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER ACTUAL CO. 30. NAME AND ADDRESS OF PERSON WHO	LIGGE-Sh	ymen /	in Da	PO 79	29d.	DATE SIGNE	Month, Day, Year)		
	FRANCINE A.H	1665-5411	mar u	0- 1080	5 HCKO	IRI RIDO	E RD	coc, un		
	MAY 0 3 '90	32. REGISTRAR'S SIG	NATURE Widson-Randa	OL-						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- flours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit performation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

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DALLIMORE, MARITAND ZIZUS-5140	iln 24 nours after death. Page 6 may be retained by the hospital or attending physician	ely filled in by the funeral director, page 5 should be detached for use as the burial-tra nation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) KANDIAH KANAGARATNAM (2. DATE OF DEATH MONTH DAY YEAR 12.49 P	2 _M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 PM 2 F F SEX 1 PM 2 F F F SEX 1 PM 2 F F F F SEX 1 PM 2 F F F F SEX 1 PM 2 F F F F SEX 1 PM 2 F F F F SEX 1 PM 2 F F SEX 1 PM 2 F F	
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH	
RECTOR	RESIDENCE OF DECEDERT BETHESDA MONTGOMERO	4
DIRE	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION 100. INSIDE CITY LIMITS? 1 Dres 2 \(\text{NO}\)	
RAL	75/3 G-LENNON DR 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? Singapore	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 KNO 11. Was DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No Black, White, etc.) 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No Black, White, etc.)	\dashv
à	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 1 NO Specify: Specify: Ceylones	е
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Contege (1-4 or 5+) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use gried) Medicine	
COMPL	17. FATHER'S NAME (First, Middle, Lost) 18. MOTHER'S NAME (First, Middle, Maiden Surname)	4
BECC	Kandiah Kathirgamar Thevanapillai (Unknown)	
9	19a. INFORMANT'S NAME (Type/Print) Manonmani Kanagaratnam Same as item # 10	
	20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION /Name of competory or 20s. LOCATION — City or Town. State	\dashv
	4 Donation 5 Donator Superior Mt. Comfort Crematory Alex., VA	\dashv
	22. NAME AND ADDRESS OF FACILITY Joseph Gawler's Sons, Inc. 5130 WI Ave. NW Wash., DC 20016	
	23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. MYOCARDIAL INFARCTON ACUTE	ith -
	a. MYOCARDIAL INFARCTION a. MYOCARDIAL INFARCTION DUE TO (OR AS A CONSEQUENCE OF): ARCTBRIOSCUBRUTIC CARDIOVASCULAR DISOTASE INDET	
CATION	If any, leading to immediate	
FIC	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):	
CERTIF	resulting in death) LAST	
Ä	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDING AMPLIABLE PRIOR TO COMPLETION OF CAUSE	
MED	1 VES 2 (1) NO OF DEATH?	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	_
SICI	EXAMPLEY HOSPITAL: 1 YES 2 NO NO NO NO NO NO NO	
PH	27. MANNER OF SEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF NJURY AT WORK? 1 A Westural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF NJURY AT WORK? 1 YES 2 DATE OF INJURY OCCURED (Month, Day, Year)	
D BY	2 Accident 3 Suicide 8 Could not be 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 29e. PLACE OF INJURY — Al home, farm, street, factory, office City or fown. Stete)	\dashv
LETE	29a. CERTIFIER 1 CERTIFYING PHYSICIAN. To the head of my topological death occurred at the size of the and size and the to the second of the topological and manager to determ	\dashv
COMPLETED	(Check only one) 2 DEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.	.
BE	296. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (PER 27) (Type, Print)	
	SI. DATE FILED MONTH, DON 1949 32. REGISTRAR'S SIGNATURE	
13	31. DATE FILED MONTH Day, May 32. ABOISTRAR'S SIGNATURE JUNE DAY 2 3 90 JUNE DAY CANADOLO JUNE DAY COMPANY - FRANCE DE	

LINE -

_	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	Z	F	/ITA	LA	ECC	SHO	S, F	0	80	X 13	146,			BALT	IMO	RE,	BALTIMORE, MARYLANG	Y	AN
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The isw requires that the death certificate be executed within cours after death. Page 6 may be retained by the ho	DR ATTENDI	NG PH	WSICI/	AN: Th	wel a	requires	that t	he dea	th cer	tificate	be execu	rted with	J . U	ours aft	er death	Page 6	may	be retained	d by	he ho
TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.	DIRECTOR: A	fter th	is cert	incate State	has be Dept.	en sign	ned by	the att	endin I Hyp	g physic ene pri	or to bur	complete	ation, o	in by	he funer	al direct	or, pag	te 5 shou	od b	detacl
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once	tem 28 Is	mark	ed, o	r item	23 8	hows	any i	njuny,	0 10	ther tr	aumati	event	the n	redica	екаш	iner m	ust b	notifie	d at	once

								9	0	4955
	1 . SIAIE	E OF MARYLA					ENTAL HYGIENI			
	REGISTRAR		CERTIF	ICATE	OF DEAT	Н	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	\)					2. DATE OF DEATH DAY	, ,	EAR 3, TH	ME OF DEATN
	SARANNA W.	Kerr					05 00	9	0	145 A M
	4. SOCIAL SECURITY NUMBER 5. SEX	5. AGE (In	yrs. lest birthday)	IF UNDER 1 1			7. DATE OF BIRTH	0.	BIRTHPLACE	E (State or Foreign
	219-36-3727 1DM	2 St = 8	7 YRS.	MONTHS E	MYS HOURS	MIN.	(Month, Day, Year) EB. 14/19	03 P	Country) FNNS	LVANIA
	9a., FACILITY NAME (If not institution, give street and no	umber)		9h CITY T	OWN OR LOCATIO				OF OEATH	. 13 17111111
m .	611.0.1	11 1	11/22		CKVIL					ERY CO.
DIRECTOR	RESIDENCE OF DECEDENT	TISI TIC	SPITAL	RU	CK VII.	LE		MON	TGOM	SKI CO.
3	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR	LOCATION				10d.	INSIDE CITY
<u> </u>	MD. WASHING	TON			RSTOWN					LIMITS?
"		1011		1,110 11						ÝES 2 NO
5	10e. STREET AND NUMBER				10f. ZIP CODE		TIADID		N OF WHAT	COUNTRY?
FUNERA	1734- EDGEWOOD C	IRCLE			NOT	AVA	ILABLE	0.	S.A.	
5	1 5000	DECEDENT EVER IN CES? 1 YES					C ORIGIN? (Specify Yea Puarto Rican, atc.)	or No.— 14	RACE - Ar Black, White	nerican Indian,
	I I Heart mention 5 mention	S, GIVE WAR OR DA			YES ZONO	Specify:				VHITE
Ž,	3 Wildowed 4 Olvorced								٧	AUTIE
3	15. OECEDENT'S EOUCATION (Specify only highest grade completed,		16a. OECEDENT'S	USUAL OCC	UPATION ing most of workin		16b. KINO OF BUS	INESS/INDUS	TRY	
H		(1-4 or 8+)	ille. Do NOT u	se retired.)	ing most of working	v	PRIIC	T T T O	NT	
COMPL	12	4	TEAC	HER			EDUC	CATIO	N	
S	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	IER'S NAM	E (First, Middle, Melden :	Surname)		
_	WALTER W. WHIT	E					NNY ROWE			
2	19a. INFORMANT'S NAME (Type/Print)		10h MARI ING	ADDRESS A	Street and Mumber	or Provide	oute Number, City or Town	Canto Tin C	a da)	
2	JOANN THACKER		7808	-PINI	EY BRA	NCH	RD., SILV	ER S	PRINC	G, MD.
	20a. METHOD OF DISPOSITION 1 Sysurial 2 Cremation 3 Simulation	State 20b.	other place) ST HAV	SITION (Name	of cemetery, crem	natory or			y or Town, Si	
	4 Donatton 5 Other (Specify)	RE	ST HAV					EKST	OWN,	MD.
	21. SIONATURE OF FUNE AND ADDRESS OF FACILITY HYSONG CO., INC.									
	N.M. HARRY	4						12 011	DO	
	23. PART I. Enter the diseases, or gomplical	that caused	the death. Do				as certiles or respir			Approximate
	shock, or heart failure List only	one ceuse on ee	ch line.		,			,	.,	interval Between
	iMMEDIATE CAUSE (Finel disease or condition			1	711		1			Onset and Death
	reaulting in death)	1 (Dox Con 1	a due	16	wolf m	65011	story 11st	-455 5	4 ADTINE	,
		DUE TO (OR AS A	CONSEQUENCE O	F):	- /		/			
Z	b. 5v	DUE TO LOR AS A	rection	a of	- 600	n				
CALION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F 1						
3	ceuse. Enter UNDERLYING	olonia	ser	fornti	in				!	
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):						
r	resulting in death) LAST									
2										
A	PART ii. Other significent conditions contrib			in the unde	orlying cause of	given in F	Part I. 24s. WAS AN PERFOR			AUTOPSY FINDINGS ABLE PRIOR TO
2	Atrial FIE	sillation	^				1 YES 2		COM	PLETION OF CAUSE
MEDICAL										YES 2 NO
							_			- 0.00
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF D	EATH (Che	ck only one)			
5	EXAMINER? 1 YES 2 NO 1 Input	ITAL: etient 2 - ER/Outpe		OTHER:						
Ě		. DATE OF INJURY	28b. Tis		BC. INJURY AT	sidence l	28d. DEŞCRIBE HOW II	HIM OCOL	DEC	
J.	1 Netural 8 Pending	(Month, Day, Year)		JURY	WORK?	7.00	200. DESCRIBE HOW IS	SONT OCCO	HED	
2	2 Accident Investigation					J NO				
2	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc. (Speci	— At home, farm,	street, factor	y, office		281. LOCATION (Street a City or Town, State)	nd Number of	Hural Route I	Vumber,
_	- Common cataliana									
7	29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To t	he beat of my knowle	edge, death occur	red at the tim	e, data and place.	, and dua !	to the cause(s) and man	ner es stated		
COMPLE	one) 2 MEDICAL EXAMINER: On the									menner as stated.
_	29b. SIGNATURE AND TITLE, OF CERTIFIER				20- 110-	ENGE MOR	DED I	204 0477	NONED "	Day 14-1
N L		MI			ZWG. LICE	ENSE NUM	1 -	290, DATE	SIONED (Mont	n, Day, Tear)

MD

30. NAME AND ADDRESS OF PERSON
15 22 5
31. DATE FILED (Morth, Day, Year)
MAY 1 7 90 on who completed cause of death (ITEM 27) (1700, Pg/1)
Shady Grove RL

5/9/90

rove

31. REGISTRAR'S SIGNATURE
Gulia Davidson Randoll

DHMH-18 Rev 1/89

FOR STATE REGISTRAR

	1	1. DECEOENT'S NAME (First, Middle, Last)	iction Vo	ufman				AY YE	
- 1		Richard Chr			F UNDER 1 YEAR	IF UNDER 24 HRS.	5 1	4 90	1:55 P M
(30)		094-18-3975	1 🔀 M 2 🗆 F 6	3 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 11/15/	926	New York
	HO HO	9a. FACILITY NAME (If not institution, give st SALISBURY NURSING		-		OR LOCATION OF DE JRY, MD.	ATH	9c. COUNTY (OMICO
1	DIRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY
2		Maryland Dor	chester	Vi	enna				1 TES XXNO
sit permit	RAL	10e. STREET AND NUMBER			10	21869		10g. CITIZEN	OF WHAT COUNTRY?
the hospital or attending physician. detached for use as the burial-transit once.	BY FUNERAL	P_O	12. WAS DECEDENT EYER IN FORCES? IX XYES IF YES, GIVE WAR OR DAY		If yes, at			e or No- 14.	RACE — American Indien, Black, White, atc. Specify: White
ytal or attending d for use as the	LETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	ATION	16a. DECEDENT'S US (Give kind of wor life. Do NOT use	k done during m retired.)	ost of working	16b. KIND OF BU	SINESS/INDUST	RY
the hospita detached once.	COMPL	17. FATHER'S NAME (First, Middle, Lest)		CO. RO	aus De	7	ME (First, Middle, Maider	Surname)	
3 6 G	ш	Frank Chester	Kaufman			Ruth	n Lydia	Stellb	recht
5 should notified	TO B	Julie D. Kaui	man				Route Number, City or Tow enna, Md		· ·
may be or. page		20a METHOD OF DISPOSITION	20b.	PLACE OF DISPOSIT	ION (Name of ce	emetery, cremetory or	20c. L0	CATION - City	
Page 6 ma al director. p ner must		4 Donetton 5/ Other (Specify)	M	ld. Vete	rans (Cemetery	y H	urlock	•
death. funer:		+ Ah wis	Im						eral Home Md. 21613
th certificate be executed within 2- flours ending physician and completely filled in t I Hygiene prior to bufal, cremation, or report or other traumatic event, the median or other traumatic event, the median	CERTIFICATION	23. PARTI Enter the diseases, or cashock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inliteted events resulting in death) LAST	a. Due 10 (OR AS A	ch line.	12-	cein	_		Approximats Interval Between Onset and Death
requires that the open signed by the of Health and Me shows any Inju	ICAL	PART II. Other algnificent condition	e contributing to deeth bu	ut not resulting in	the underlyli	ng ceuse given in	Part I. 24a. WAS Al PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN: The law this certificate has be with the State Dept.	PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	PLACE OF DEATH (Ch	eck only one)		
ician: ertifica the Sta	IXSI	1 TYES 2 NO	1 Inpetient 2 ER/Outpet		Nursing Ho	me 5 🗆 Rasidence	8 Other (Specify) 28d. DESCRIBE HOW	IN HIRV OCCIO	ED.
NG PHYSI fler this c path with marked,	BY PH	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	RY W	YES 2 NO	280. DESCRIBE HOW	INJUNT OCCUM	10
TTENDI TOR: A after de		3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec		est, factory, off	Ice	28f. LOCATION (Street City or Town, State		Bural Route Number,
国場を	COMPLETED	and a	CIAN: To the best of my knowl						ouse(e) and menner se stated.
TO THE HOSPI TO THE FUNES De filed within	BE	290. SIGNATURE AND TITAL OF CENTERS	*			29c. LICENSE NUI	MBER 9	29d. DATE SI	GNED (Month, Day, Year)
FFA	TO	30. NAME AND ADDRESS OF PERSON WH				1	//	/	7
		WILLIAM ROBINS, I	1.D., 1104 HF	ALTHWAY	DRIVE,	SALISBUR	Y, MD. 218	801	
)		MAY 17'9	32. REGISTRANDS SIGN	Davidson-Ran	ndable				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ITEMS:3,28d,28f per ME G-664 6-22-90 cm

-		
	FOR	
	STATE	
-	REGISTRAR	

CTATE OF MADVEAUS / DEPARTMENT OF HEALTH AND MENTAL INVOICE

1	- STATE REGISTRAR	SIAIL OF I				F DEATH	MENIA	REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Lest) JC	seph		Kolk	recki			of DEATH DA	1	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 187-14-5723	5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR MONTHS DAYS		7. DATE (Monti	OF BIRTH h, Day, Year) 23-24		6. BIRTHP Country	LACE (State or Foreign
<u> </u>	9a. FACILITY NAME (If not institution, give on North Arundel H.	treet and number)	00			or LOCATION OF DE	EATH	23-24	9c. COUN	TY OF DE	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	γ		10c. CIT	Y, TOWN OR LOC	ATION				T	10d. INSIDE CITY
	MD Anne	Arunde	21	Day	vidson	ville					LIMITS?
FUNERAL	10e. STREET AND NUMBER					101. ZIP CODE					HAT COUNTRY?
¥ŀ	3721 Nile		IT EVER IN U.S. AR	MED	13. WAS D	21035 ECENDENT OF HISPA	NIC ORIGI	N? (Specify Yes	USA		- American Indian,
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 N		If yes,	specify Cuban, Mexico ES 2 RO Specif	en, Puerto			Black, Specify	White, atc.
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DE		USUAL OCCUPA work done during		168	. KIND OF BUS	INESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe.	Do NOT u	se retired.)		_	_	1 .		
┋╟	17. FATHER'S NAME (First, Middle, Last)		ј ма	inte	enance	18. MOTHER'S NA		ron F		cat.	lon
	Joseph Kolbre	cki						a. Kui			
TO BE	19a. INFORMANT'S NAME (Type/Print)		196	b. MAJLING	ADDRESS (Street	t and Number or Rural				Code)	
-	Helen E. Kolb	recki				Road, Da					
	20a. METHOD OF DISPOSITION	ioval from State	other ple	ece)		cemetery, cremetory or			CATION C		
1	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIK	CEMBEE	_ Lake	mon	Ceme 22. NAME	CETY AND ADDRESS OF FA	ACILITY	Dav	<u>laso</u>	nyı.	lle,MD
	Thing.	Stall	17	,		desty Fu Ridgely					is, MD
NO	shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a. Multi	ple inju	ries OUENCE C	OF):	all					Interval Betwee
PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):										
N: MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? AMILIBLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXVES 2 NO										
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
Z.	TYNES 2 □ NO	1 Inpatient 2	☐ ER/Outpatient >		4 - Nursing h	ome 5 - Residence		. , ,,			
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Pedicent Investigation	5-16	-90	1:3	9PM XX	INJURY AT WORK?	Suk	BUECT F	ell		
	3 Suicide 6 Could not be 4 Homicide detarmined	building		orks	ite-cra	in	521	Digooi	an B	lvd.	oute Number ULIAN BLVI Glen Burn
COMPLETED	29a, CERTIFIER 1 CERTIFYING PHYS										y, Marylal and manner as states
H	200. SUMMATURINANO TITLE OF CERTIFIE	John	D	5		29c. LICENSE NU			29d. DAT		(Month, Day, Year) 17–90
2	Julia C. Goodin,		OF DEATH (TE	M 27) (Typ		n Street	,Balt	imore,	MD 21	1201	V
	31. DATE FILED (Month, Dey, Year)	32. REGISTR	AR'S SIGNATURE	سالا							

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he ho	detac		once
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the ho	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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Pa	al d		Iner
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14.57	filler	be filed within 72 hours after death with the State Dept. of riealm and Mental ringletle prior to build, cremation, or removal.	the
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	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND / CE		TMENT ICATE				MENTAL	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE (OF DEATH		YEAR	3. TIME OF DEATH		
	Jacob T. Kawecki								May	10. 10	90		7:00 A M		
	4. SOCIAL SECURITY NUMBER 722-10-4951	5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH 8. BIRTHPLACE (State or Fore Country)						
		1X M 2 F		YRS.					Dec.	18,	926		yland		
œ	90. FACILITY NAME (If not institution, give str. 123 S. Meadow Driv			96. CITY, TOWN OR LOCATION OF DEATH Glen Burnie							9c. COUNTY OF DEATH Anne Arundel				
6	RESIDENCE OF DECEDENT	V C			uii	en b	urm	е			JAnne	Aru	maeı		
REC	10e. STATE 10b. COUNTY	A 1 7		Glen Burnie							10d. INSIDE CITY LIMITS? 1 YES 2 NO				
7,0	Maryland Anne	Arundel		L G	ilen	-	ZIP CODE				I 100 CIT	TZEN OF Y	1 YES 2 NO		
FUNERAL 'DIRECTOR	123 S. Meadow Driv	/e				101.	2106				U.S				
5	11. MARITAL STATUS	12. WAS DECEDEN					ENDENT O	F HISPAN		? (Specify Yes		14. RACI	E — American Indian,		
	1 Never Married 2 Merried 3 Wildowed 4 Divorced	YES 2 N AR OR DATES	0			2 X NO		n, Puerto R /:	tican, atc.)		Spec				
D BY	15. DECEDENT'S EDUC	WW 2	de- Dre	PRENTIN	USUAL OC	CUBATIO	NA.		405	KIND OF BUS	DINECO (IN	DUCTON	White		
1	(Specify only highest grade of Elamentary/Secondary (0-12)		(Gi	ve kind of	work done d se retired.)	furing mos	st of workin	g	100.	KIND OF BU	SINE 35/IN	DUSTRY			
7	12		uck	Drive	or.				Transp	orta	tion	1			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			o o i c	<i></i>		18. MOTE	IER'S NA		fiddle, Malden					
BE	Jacob Lewis Kawed	cki							ndri						
0	19a. INFORMANT'S NAME (Type/Print)	-1.2	1000							per, City or Tow		p Code)			
_	Bernadine A. Kawe	eckt	20b. PLACE						en B	urnie.			061 own, State		
	1 X Burial 2 Cremation 3 Ramo	val from State	other pla	ice)	11 Ce			tatory or					A.A. MD		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSER	Occuu	, 111	22.	NAME AN	D ADDRE				JUKIY	H FK	A.A., MU		
	15 ASI	2,1	1 1		Ki	irkl	ey F	uner	al H	ome			WD 03063		
	421 Crain Hwy. S.F. Glen Burnie MD 21061 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, auch as cerdlec or respiratory arrest, interval Between shock, or heert feliure. Liet only one ceuse on each line.														
	IMMEDIATE CAUSE (Finel												Interval Between Onset and Death		
	diseese or condition resulting in death)	. 0	ARDII	7-6	ARI	RES	57								
		DUE TO	(OR AS A CONSEC	UENCE C	0F):	n	2 4 1	1/2	4011	rio N					
20	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	If eny, leeding to immediate cause. Enter UNDERLYING	CAR	MAY E	A11	URE										
FI	CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF):														
ERT	resulting in deeth) LAST	w/w	WIMPLY INSUFFICIENC						1-1	Y					
	PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
	PART II. Other algnificent conditions	contributing to	deeth but not r	DIABATES MELLITUS - STATUS BUST BY OF CONCORD											
	PART II. Other algnificent conditions ALABETES ME	contributing to	deeth but not r	esuiting TU	in the un	derlyln	BV	A S	Part I.	PERFO	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	PART II. Other algorificent condition 1145ETES ME 514 CO PUMAN	contributing to ELUTU! VESSE!	deeth but not r	TL TH	In the un	S T	BY A	Jes Jes	Part I.	PERFO	RMED?	241	AVAILABLE PRIOR TO		
MEDICAL	PART II. Other algoriticent conditions ALABETES ME SIA CO MMARY A VENUS GLAF	ELUTUS VESSEI	deeth but not r - STA SWAZ	TL TL H 9	In the un	ST DC KLO	BY I	INE INE	Part I. OFTH PHE IN	PERFO	RMED?	241	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	PART II. Other algnificent condition 11 A JA TE S ME SIA CO PUMP A A VENUS GLAF 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Contributing to	deeth but not r	TU TH TH TH TH TH	In the un	DCC KIR	BY P CUST MEY	NE	Part I. OF THE	PERFO	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL	A VENUL GLAF 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	VESSE OF HOSPITAL:	S W 7	TH 9	ALT. TAIL	NO CO	MEY LACE OF D	LNE C	OPTH PILM V neck bnly on 8 - Othe	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 XNeturel 5 Pending	VESSEI VESSEI VESSEI HOSPITAL	S W 7	TU 9 100A 28b, TII	ALT. TAIL	Me. PI	MEY LACE OF D	LNE CONTRACTOR CONTRAC	OPTH PILM V neck bnly on 8 - Othe	PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	VESTEL WENCE II HOSPITAL: 1 Inpatient 2 26a. DATE OF (Month, D)	S M 7 S M 7	DOA 28b. TII	OTHER 4 - Nun ME OF JURY	LO LO PI	NEY LACE OF D NO 5X RO NO FINANCE NO FI	LNE CONTRACTOR CONTRAC	B Other	PERFOI 1 VES :	INJURY Of	CCUREO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending	VESTEL WENCE II HOSPITAL: 1 Inpatient 2 26a. DATE OF (Month, D)	ER/Outpetient 3 INJURY ey, Year)	DOA 28b. TII	OTHER 4 - Nun ME OF JURY	LO LO PI	NEY LACE OF D NO 5X RO NO FINANCE NO FI	LNE CONTRACTOR CONTRAC	B Other	PERFOI 1 YES :	INJURY Of	CCUREO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	VESTER VESTER WENTER HOSPITAL: 1 Inputent 2 26a. DATE Month, D 26a. PLACE O building,	ER/Outpatient 3 INJURY ey, Year) F INJURY — At ho atc. (Specify)	DOA 28b. TII	OTHER OTHER ME OF JURY M street, fect	28c. INJ WC 1 0 vo	LACE OF D LACE OF D 10 5X Ro 10 10 10 10 10 10 10 10 10 10 10 10 10 1	ENT (C)	8 Other	PERFOI YES: (Constitution of Specify) CRIBE HOW ATION (Street or Town, State	RMED? Z XNO INJURY Of	CCUREO or or Rural	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 XNetural 5 Pending Investigation 3 Suicide 8 Could not be datarmined	WENTER HOSPITAL: 1 Inpatient 2 26a. DATE Coulding.	ER/Outpatient 3 INJURY ey, 'bar') F INJURY — At ho atc. (Specify) my knowledge, de	DOA 28b. Till IN me, farm,	OTHE 4 Num	lime, data	LACE OF D THE SX REPORT OF THE SX REPOR	EATH (C)	8 Othe 28d. DES	PERFOI 1 VES : (Fig. 1) For (Specify) SCRIBE HOW ATION (Street or Town, State	INJURY Of	CCUREO or or Rural	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 XNeturel 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check enly 1 X) CERTIFYING PHYSII	VENCE PHOSPITAL: 1 Inpettent 2 26a. PLACE Of building. CIAN: To the best of R: On the basis of a	ER/Outpatient 3 INJURY ey, 'bar') F INJURY — At ho atc. (Specify) my knowledge, de	DOA 28b. Till IN me, farm,	OTHE 4 Num	lime, data	LACE OF D THE SX RE	EATH (C)	s Other 28d. Des	PERFOI 1 VES : (Fig. 1) For (Specify) SCRIBE HOW ATION (Street or Town, State	and Number	CCUREO or or Rural ated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		

MPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
TSOS 95 Aquahau

moursos

31. DATE FILED (Month, Day, Year)
MAY 1 4 1990

mD 2106

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46	xurs after death. Page 6 may be retained by the hospital or attending physician.	I in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Plane 1.2		
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BALTIMORE, MARYLAND 21203-3146	e hospital	etached for		-
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF I		MENTAL HYGIEN REG. NO.	E					
	DECEDENT'S NAME (First, Middle, Last)	Clarence	197			2. DATE OF DEATH MONTH	AY QYE	3. TIME OF DEATH				
	1:65-10-5828	5. SEX 6. AGE	(In yrs. lest birthdey) 5 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year)	(BIRTHPLACE (State or Foreign Country) CMMA.				
TOR	90. FACILITY NAME (If not institution, give street Frederick Memoria RESIDENCE OF DECEDENT			Frede	rick	ATH	Frederick					
DIRECTOR	100. STATE 10b. COUNTY Maryland Free	derick	. 14.75	r, town on Local derick	11Y)			10d. INSIDE CITY LIMITS? 1) YES 2 NO				
FUNERAL	100. STREET AND NUMBER 6015 Pleasant Av 11. MARITAL STATUS	ENUE 12. WAS DECEDENT EVER	IN II C ADMED		2 1 7 0 1	IIC ORIGIN? (Specify Yes	u. s	OF WHAT COUNTRY? A. RACE — American Indian,				
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES IF YES, GIVE WAR OR C	2 NO	If yes, sp		n, Puarto Rican, atc.)	Black, White, etc. Soperty: Whate					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)			vork done during me e retired.)	ast of working	16b. KIND OF BUS		RY				
COME	17. FATHER'S NAME (First, Middle, Last) Alfred King		mainten	ance mac		Sun Oil ME (First, Middle, Maiden P.P.						
TO BE	19a. INFORMANT'S NAME (Type/Print) Sam Thompson				and Number or Rural	Poute Number, City or Tow Frederick,		21701				
	20e. METHOD OF DISPOSITION 1 Method 2 Cremetton 3 Remov 4 Denetion 5 Other (Specify)	ral from Stata	other place) awn Cross	t Cemet.	metery, cremstory or	20c. LO Clay	mont,	Penna.				
	21. SIGNATURE OF FUNERAL SERVICE LICEI	nille le	ene			cown Pike,						
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such ee cardiec or respiratory strest, hock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Finei disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 1 S CHEMIC CARDIDMY OF ATHY with CHF											
CERTIFICATION	Sequentielly liat conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated evente resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): 1 S CHEMIC CARDIOMY OF ATHY with CHF OUE TO (OR AS A CONSEQUENCE OF): HYPERTEMION OUE TO (OR AS A CONSEQUENCE OF): C. OPV											
BY PHYSICIAN: MEDICAL C	PART II. Other significent conditione	contributing to death				Part i. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	neck only one)										
Y PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	285. TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO	e 6 Other (Specify) 28d. OESCRIBE HOW INJURY OCCURED						
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	ca .									
COMPLETED	one)	IAN: To the best of my kno : On the basis of examinati						ause(a) and menner as stated.				
TO BE C	295 SIGNATURE AND TITLE OF CENTIFES	m M	7		IGNED (Month, Day, Year)							
	1475 TANEY 1	TINE BUF	E 204	FREP	GAICK,	mb 217	10					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	dess	-	•							

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or attending physician.

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	FOR STATE REGISTRAR	STATE OF MARYL	CERTIFIC			MENTAL HYGIENI REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)	-				2. DATE OF DEATH			3. TIME OF DEATH			
	JAMES LEONARD	KANE				MAY 12. 1	990	YEAR	6:40 P.M. M			
	4. SOCIAL SECURITY NUMBER		'In yrs. last birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		a. BIRTH	PLACE (State or Foreign			
	210 16 2004	· Mus Da		IONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)			
- 1	219-16-2084 9s. FACILITY NAME (If not institution, give s		J	OL CITY TOWN	OR LOCATION OF DE	MAY 1, 19		TV OF D	MD.			
E						AIR	9c. COUNTY OF DEATH					
2	BAYSIDE NURSING	CENTER		LEXING	TON PARK		S	T. M	ARY'S CO.			
DIRECTO	10a. STATE 10b. COUNTY	γ	10c. CITY,	TOWN OR LOCA	TION			\neg	10d. INSIDE CITY			
8	MD. ST. I	MARY'S CO.	TEVT		N DIZ				LIMITS? 1 YES 2 NO			
_	10e. STREET AND NUMBER	MARI S CO.		NGTON P	L ZIP CODE		10a, CITIZ	EN OF W	HAT COUNTRY?			
HA I	D 0 D01 1500				00650							
FUNERAL	P.O. BOX 1528	12. WAS DECEDENT EVER II	NUS ARMED	13 WAS DEC	20653	NIC ORIGIN? (Specify Yea		S.A	American Indian,			
II.	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, sp	ecify Cuban, Mexica	n, Puerto Rican, etc.)	UI NO	Black	, White, atc.			
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	KIES	1 TES	2X NO Specif	y:		Specif	LACK			
9	16. DECEDENT'S EDU	CATION	16a. DECEDENT'S U	SUAL OCCUPATI	DN	16b. KIND OF BUS	INESS/INDI		LII ICIN			
	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5 +)	(Give kind of wo	rk done during mo retired.)	ost of working							
7	7TH. GRADE		MUS	SICIAN		MUSI	C					
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)					
C	JOSEPH FRANCIS KA	ANE				ANN WASHIN						
00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Bural	Route Number, City or Yown	Stete Zin	Corle)				
2	MARY V. CLARK					DTOWN, MD.						
	20a. METHOD OF DISPOSITION	201	. PLACE OF DISPOSIT	FION (Name of ce	metery, crematory or	29c. LO	CATION — (atty or To	ern. State			
	1 X Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	other place)									
	21. SIGNATURE OF FUNERAL SERVICE LIC		MACUATE I		ND ADDRESS OF FA		CXING	TON	PARK, MD.			
	this Of	4 0:		MATT	INGLEY-G	ARDINER FU	ERAL	HOM	E. P.A.			
	To puchael 7/1	Jarocener		P.O.	BOX 270	LEONARDTY	MN	MD				
	23. PART i. Enter the diseeses, or ahock, or heart failure.	complications that cause Liet only one cause on a	I the death. Do no ech line.	t antar the mo	ode of dying, suc	h aa cerdiac or respi	ratory arre	eat,	Approximata intarval Between			
	IMMEDIATE CAUSE (Finel disease or condition											
	disease or condition resulting in death)											
		PUE TOTOR AS	CONSEQUENCE OF)	:	\wedge							
z I	- Henciaramin of the Lung											
CATION	If any, leading to immediate											
	CAUSE (Disease or Injury											
ERTIFI	CAUSE (Disease or injury that initiated events Due to (OR AS A CONSEQUENCE OF):											
H	resulting in death) LAST											
		d										
C	PART II. Other significant condition	dne contributing to death b	ut not resulting in	the underlyin	g cause given in	Part I. 24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS			
CALC	PART II. Other aignificant condition	d	out not resulting in	tha undariyin	g cause given in	PERFOR	MED?	24b.	AVAILABLE PRIOR TO			
CALC	PART II. Other significant condition	d	out not resulting in	tha undariyin	g cause given in		MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL C	PART II. Other significant condition	d	out not resulting in	tha underlyin	g cause given in	PERFOR	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDICAL C		d	out not resulting in			PERFOF	MED?	246.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P OTHER:	LACE OF OEATH (C)	PERFOF 1 YES 2	MED?	24b.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	petient 3 DOA	26. P OTHER:	LACE OF OEATH (C)	PERFOF 1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. POTHER: Nursing Hor OF 28c. IN	LACE OF OEATH (C/) ne 5 Residence JURY AT DRK?	PERFOF 1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OR DEATH 1. Neturel 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 ER/Out; 28a. DATE OF INJURY (Month, Day, Year)	petient 3 DOA 28b. TIME	26. POTHER: Nursing Hor OF 28c. IN RY W 1	LACE OF OEATH (CF ne 5 Residence JURY AT 7HK? YES 2 NO	PERFOR 1 YES 2 Peck only one) 6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 70			
BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Impetient 2 ER/Out 28a. DATE OF INJURY	petient 3 DOA 28b. TIME NJU	26. POTHER: Nursing Hor OF 28c. IN RY W 1	LACE OF OEATH (CF ne 5 Residence JURY AT 7HK? YES 2 NO	PERFOF 1 YES 2	NJURY OCC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 70			
BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER DR DEATH 1 Netural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	petient 3 DOA 28b. TIME NJU	26. POTHER: Nursing Hor OF 28c. IN RY W 1	LACE OF OEATH (CF ne 5 Residence JURY AT 7HK? YES 2 NO	PERFOR 1 YES 2 eck only one) 6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCC	CURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 70			
BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER Check only	HOSPITAL: 1 Inpetiant 2 ER/Out 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, stc. (Spe	petiant 3 DOA 28b. TIME INJU	26. POTHER: OF Nursing Hor OF 28c. IN: W 1 reet, factory, office	LACE OF OEATH (Cr ne 5 Residence JURY AT PK? YES 2 NO ca a and place, and due	PERFOR 1 VES 2 1 VES 2 October (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State)	NJURY OCC	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER Check only	HOSPITAL: 1 Inpetiant 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Spe	petiant 3 DOA 28b. TIME INJU	26. POTHER: OF Nursing Hor OF 28c. IN: W 1 reet, factory, office	LACE OF OEATH (Cr ne 5 Residence JURY AT PK? YES 2 NO ca a and place, and due	PERFOR 1 VES 2 1 VES 2 October (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State)	NJURY OCC	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER Check only	HOSPITAL: 1 Impetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Spe	petiant 3 DOA 28b. TIME INJU	26. POTHER: OF Nursing Hor OF 28c. IN: W 1 reet, factory, office	LACE OF OEATH (Cr ne 5 Residence JURY AT PK? YES 2 NO ca a and place, and due	PERFOR 1 YES 2 1 YES 2 6 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) to the cause(a) and main time, deta and place, and	NJURY OCC	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Impetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Spe	petiant 3 DOA 28b. TIME INJU	26. POTHER: OF Nursing Hor OF 28c. IN: W 1 reet, factory, office	LACE OF OEATH (C) ne 5 Residence JURY AT PKS 2 NO ca a and place, and due death occurred at the	PERFOR 1 YES 2 Deck only one) 6 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(a) and man time, data and place, an	NJURY OCC	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Impetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Spe HCIAN: To the bast of my know ER: On the basia of examinations	petient 3 DOA 28b. TIME INJU	28. POTHER OTHER OVER 1 Nursing Hor OF 28c. IN WY 1	LACE OF OEATH (C) ne 5 Residence JURY AT DRK? YES 2 NO ca a and place, and due death occured at the	PERFOR 1 YES 2 Deck only one) 6 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(a) and man time, data and place, an	NJURY OCC	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
TO BE COMPLETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetiant 2 ER/Out 1 Inpetiant 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe NCIAN: To the bast of my know ER: On the basta of examinations R HO COMPLETEO CAUSE OF OR , M.D. 323 M.	petiant 3 DOA 28b. TIME INJU	28. POTHER OTHER OVER 1 Nursing Hor OF 28c. IN WY 1	LACE OF OEATH (C) ne 5 Residence JURY AT DRK? YES 2 NO ca a and place, and due death occured at the	PERFOR 1 YES 2 1 YES 2 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) 1 to the cause(a) and main time, deta and place, and meen	NJURY OCC	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Impellant 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Spe	petiant 3 DOA 28b. TIME INJU	28. POTHER OTHER OVER 1 Nursing Hor OF 28c. IN WY 1	LACE OF OEATH (C) ne 5 Residence JURY AT DRK? YES 2 NO ca a and place, and due death occured at the	PERFOR 1 YES 2 Deck only one) 6 Other (Specify) 28d. DESCRIBE HOW I 28f. LOCATION (Street City or Town, State) to the cause(a) and man time, data and place, an	NJURY OCC	or Rural F	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Heath and Mernal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

1. OECEOENT'S NAME (First	Middle, Last)								2. DATE OF C				3. TIME OF OEATH
JOHN		K	LAVERW	EIDEN					MAY 10, 1990 YEA			YEAR	1:45 p M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yr	s. last birthday		R 1 YEAR	IF UNDER		7. DATE OF B (Month, Day	IRTH		8. BIRTHP	PLACE (State or Foreign
212-12-323	2	1 📉 M 2 🗌 F	6	8 YRS.	MONTHS	DAYS	HOURE	MIN.	SEPT.		1921	MAR	YLAND
9a. FACILITY NAME (If not in	stitution, give a	reet and number)			9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEA							
QUANTICO						SAI	ISBU	RY			ICO		
10a. STATE	10b. COUNTY			10c. C	ITY, TOWN	OR LOCA	ATION						10d. INSIDE CITY
MARYLAND	WT	COMICO		9	SALIS	RURY	7						LIMITS? 1 YES 2 Y NO
10e. STREET AND NUMBER	****	0011200			7111110	_	of. ZIP COO	E			10g. CIT	IZEN OF WI	HAT COUNTRY?
OUANTICO	ROAD						21	RO 1				US	٨
11. MARITAL STATUS	KOND	12. WAS DECEDER	IT EVER IN U.	S. ARMEO	13.		CENDENT (F HISPAN	VIC ORIGIN? (Sp		or No-	14. BACE	- American Indian
1 Never Married 2 X		IF YES, GIVE Y	WAR OR DATES	3			pecify Cube \$ 2 ∐kNO		n, Puerto Rican y:	, atc.)		Black, Specify	, White, etc.
3 Widowed 4 Divo	erced	WWII,	INFANT	RY			-11						WHITE
	EOENT'S EDU		16	Give kind o	'S USUAL (during m	ION lost of worki	ng	16b. KIN	D OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (I)-12)	College (1-4 or 5	+)	Me. Do NOT	use retired.))							
12 YEARS		NO		OWNER	}							ON CO	MPANY
17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First, Middle	e, Malden S	Sumame)		
JAMES		KLAVER	WEIDEN					TTIE		-	NKNO		
19a. INFORMANT'S NAME (Route Number, C	ilty or Town	, State, Zi	p Code)	
ELIZABETH						-			RY, MD	218			
20s. METHOD OF DISPOSIT 1 Striel 2 Crematic 4 Donation		13/90 oval from State	# Off	OMICO					0			RY M	
21. SIGNATURE OF FUHERA	a glerryce Lic	EMBEE //			22	. NAME /	AND ADDRE	SS OF FA	CILITY				
16/16	11	2-4/0	1				YAWOL			HOME,	•		01001
22 BART I Coton the d	teel	4004	au	cej					L RD, S				
23. PART I. Enter the d shock, or h	eart failure.	List only one ca	use on sach	lina.	not ente	r tha m	oda of dy	ing, auc	h as cardlec	or respli	ratory ar	rest,	Approximata Interval Between
IMMEDIATE CAUSE (Findisease or condition	nel	/		/_	,								Onset and Death
resulting in death)	→	· Lun				er							one year
!		DUE TO	SON AS A CO	NSEOUENCE	OF):								1
Sequentially list condit		b. DUE Y	(OR AS A CO	NSEQUENCE	OE)								-
If any, leading to imme cause. Enter UNDERLY			(or no n oc		01.7.								
CAUSE (Disease or injuthat initiated events	ary	C. DUE TO	OR AS A CO	NSEQUENCE	OF):								1
resulting in death) LAS	T .												
		W											
PART II. Other algnific	ent condition	s contributing to	death but	not resulting	g in the u	ınderiyli	ng ceuse	given in	Part i. 24s	PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
									10	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
													1 - YES 2 - NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			T =====		PLACE OF C	EATH (Ch	neck only one)				
1 TES 2 AND		1 Inpetient 2	☐ ER/Outpetle	nt 3 🗆 DOA	4 DN		me 5 TA	esidence	6 Other (Sp	ecity)			
27. MANNER OF DEATH	27-37-	28a. DATE O (Month,	F INJURY		IME OF NJURY	28c. IN	JURY AT		28d. OEŞCRII	BE HOW I	JURY O	CUREO	
1 Natural 5 2 Accident	Pending Investigation				М		YES 2 [NO					
3 Suicide 6	Could not be	28e. PLACE building	of INJURY — etc. (Specify)	At home, farm	n, street, fa	ctory, off	ice		28f. LOCATIO	N (Street a	and Numbe	or or Rural R	oute Number,
4 Homicide	determined									,			
290. CERTIFIER 1 CER	TIFYING PHYS	CIAN: To the best of	f my knowledg	je, desth occu	irred at the	time, dat	te and place	, and due	to the cause(a) and man	mer as st	itted.	
one) 2 MEO	ICAL EXAMINE	R: On the basis of	xamination ar	nd/or Investige	tion, in my	opinion,	death occu	red at the	time, data and	placa, an	d dun to t	the cause(a)) end manner as stated.
256. SIGNATURE AND PITTE	OF CERTIFIE	1/1	7 ^				29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)
MI	9-1	4	WW)				0	21	278	- 1	•	5-1	11-90
30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAL	ISE OF DEATH			1	-	0	2/0			- /	/
David E.	Coursell	m	145	6.6	a vrol	11 0	St.	S	alisbun	1	MI	1 ;	21801
31. DATE FILE A Voth Day	100/01	32. REGISTR	ARVE SIGNATU	-	4		-		1	1			
_ ~ ~	-	0	A STANSON		-								

IVA 5

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

		FOR STATE REGISTRAR	STATE OF MARYL		ITMENT OF H		ENTAL HYGIENI REG. NO.	E 9	0	14962			
		1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DA	Y YEAF	3. TIM	E OF DEATH			
	- 1	Patricia					lay 15.	1990		3:30p M			
		4. SOCIAL SECURITY NUMBER 214-52-6578	5. SEX 6. AGE	(In yrs. lest birthday) 4 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOUSE MIN	7. DATE OF BIRTH (Month, Day, Year) LO/03/48	6. Bir	THPLACE UNITY)	(State or Foreign			
		9a. FACILITY NAME (If not institution, give	41	41	9b. CITY, TOWN	OR LOCATION OF DEAT		9c, COUNTY OF		the eff			
	TOR	Montgomery RESIDENCE OF DECEDENT	General Ho	spital	0	lney		Montg	ome	ry			
E	DIRECTOR	10a, STATE 10b, COUNT			Y, TOWN OR LOCA	TION		-		NSIDE CITY			
# #			ntgomery	Si	lver Sp				1 🗆	YES 2 NO			
8	FUNERAL	10e. STREET AND NUMBER	Deries		10	f, ZIP CODE		10g. CITIZEN O		OUNTRY?			
physician burial-transf	뿔	1114 Good Ho	12. WAS DECEDENT EVER				ORIGIN? (Specify Yes	or No 14. Fl.	ACE — Am	nerican Indian,			
attending physicianse as the burial-tr	BY FL	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			ecify Cuban, Maxican, 2 X NO Specify:	Puerto Rican, etc.)		lack, White pecify:	Black			
ttending is as the	ED	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	I SINESS/INDUSTR	Y				
4 - 3	E	(Specify only highest grad Elamentary/Secondary (0-12)	College (1-4 or 5+)		work done during more retired.)	ost of working	1	0-	C -1-	1-			
the hospital of detached for once.	COMPL	llth		Custo	odian			. Co.	Sch	OOLS			
by the horbe detach		17. FATHER'S NAME (First, Middle, Last) James Hill					E (First, Middle, Maiden 7 Powell			and the second			
retained b 5 should t	BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	ADDRESS (Street		ute Number, City or Tow						
2 2	5	Elwood King (Husband)	408	Watch H	ill Ln.	, Gaithe			D 20878			
6 may tor, pa		20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	other place) Oalsy C.		metery, cremetory or cemetery		cation - city of		eta			
Page at direct		III. SIGNALLINE OF FUNERAL SERVICE L		July C.			Fal Hom						
	- 1	to stor	1. Mour	Aur			MD 20850			• @			
nours after d d in by the or removal. medical e		23. PART I. Enter the diseases, or	complications that cause		not anter tha me	oda of dying, such	ss cardiec or respi	ratory arrest,		Approximate interval Between			
DO DO E		IMMEDIATE CAUSE (Finei	. gist only one cause on	outil mie.						Onset and Dasth			
d within 24 ompletely fills, cremation, the		disease or condition resulting in death)	a. DUF TO (OR AS	A CONSEQUENCE O)A·					- 17-			
0 0 70	z		b.		, .				İ				
be execut sician and c rior to buri traumatic	AT 10	Sequentially list conditions, If any, leading to immediata cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): Nassive Intra-Cerebral Hemmorrhage / /											
e phys	E S	cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):											
ノ ゔ も ネ L	ERTIFICATION	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): ASSIDE NTRA CERETRA TO PRHAGE 9 To											
E Me o	O												
	S	PERFORMED? AWAII											
The law requires that the has been signed by ate Dept. of Health an em 23 shows any	MEDIC												
law re as bee bept. o	Ä	25. WAS CASE REFERRED TO MEDICAL.			00.5	NACE OF BEATH OLD							
SICIAN: The certificate h the State i	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ripetient 3 🗆 DOA	OTHER:	me 5 Residence 6							
YSICIA S certif th the	PHYS	27. MANNER OF DEATH	26s. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF 28c. IN		28d. DESCRIBE HOW	INJURY OCCURE	D				
After this of death with a marked	BY	1 Accident 5 Pending Investigation	n		M 1 🗆	YES 2 NO							
DR ATTENDING PHYSICIAN: DIRECTOR: After this certifica nours after death with the Sit		3 Suicide 6 Could not b 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Spi	RY At home, ferm. seclfy)	, street, factory, offi	ce	26f. LOCATION (Street City or Town, State,		iral Route f	łumber,			
	COMPLETED	29a. CERTIFIER 1 CERTIFYING PHY	YSICIAN: To the best of my kno	wledge, death occu	rred at the time, dat	and place, and due t	o the cause(s) and ma	nner as stated.	- /				
HOSPITAL FUNERAL WITHIN 72 TANT: II	MO	2 MEDICAL EXAMI	NER: On the Masin of examinati	ion about investigat	ion, in my opinion,	death occured at the t	ime, data and pieca, ar	nd due to the smr	may ma	margar as stated.			
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	BE C	29 MONATURE MID TO BE DE DESTRE		tee	L	29c. LICENSE NUM	BER	29d. DATE SIG	MO (More	you may			
5 5 3 X	10	Donald R. Let	wis, M.D.	- 7	na Print)	1006	40%	-3/	15/	70			
10		SAN HAME AND ADDRESS OF PERSON V	COM CETED GAUSE OF D	early (197)	on 1 (411)			7.5	/				
12		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		SAL								
		MAY 1 8 '90	guna Dav	idson-Rand	202.					DMMU 18 Day 1/8			

DHMH-16 Rav 1/89

ā	VISION	OF	VITAL	DIVISION OF VITAL RECORDS,	P.O.	BOX	RDS, P.O. BOX 13146,
-		Section and		and the second contract of the second contrac	Acade and	Section in	middle and and an annual

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

	3 shoule.		
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2007-feurs after death. Page 6 may be retained by the hospital or attending physician.	ate has been signed by the attending physician and completely fille	be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burda, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		FOR 1 - STATE	STATE OF MARYI									E	90	149	63
Г		REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		C	KIIF	ICATE	OF	DEAI		REG. NO. 2. DATE OF DEATH 3. TIME OF DEATH					TH
١	1		risko							MONTH	14,	1990	YEAR	9:58	P _M
			5. SEX 3. AGE	GE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.					7. DATE OF	BIRTH	-	8. BIRTH	IPLACE (State or F	- 101	
X	1.0	577 01 1899	7		YRS.	MONTHS	DAYS	HOURS	MIN.	Nov.		908	Countr	y) ginia	
I		9a. FACILITY NAME (if not institution, give atre	eet and number)			8b. CITY,	TOWN O	R LOCATIO	N OF DE		0 4 1		NTY OF D		
	DIRECTOR	Suburban Hospital				Bet	hes	da				Мс	ntgo	mery	
١	E C	10a, STATE 10b, COUNTY			10c. CIT	Y, TOWN OF	LIMITS?					γ			
١	a	Maryland Monto	gomery		C	hevy	Cha	se						1 YES 2 2	ENO
١	A	10e. STREET AND NUMBER					10f.	ZIP COOE				10g. CIT	IZEN OF V	WHAT COUNTRY?	
١	FUNERAL	5100 Fairglen Lane	9					208	15			Uni	ted	States	
ı	5		IN U.S. AR	MED					IC ORIGIN? (S		or No-	14. RACI	E — American Ind k, White, etc.	len,	
1	8	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		•0			2 X NO			iii, etc.)		Spec	lty:	
۱				T										ite	
	핃	15. DECEDENT'S EDUCA (Specify only highest grade of		(G	ive kind of	Work done do			g	16b. KI	ND OF BUS	INESS/IN	DUSTRY		
١	7	Elementary/Secondary (0-12)	College (1-4 or 5+)		He. Do NOT use retired.) Long Distance Supervisor					r Cet	ו מידי	enho	ne C	ompany	
	COMPLETED	12 17. FATHER'S NAME (First, Middle, Last)	00	Lhon	g DI.	Stant	2	_		ME (First, Mide			ire co	ompany	
		James Fillmore	Daws	son				Called S	ldre		ne, weecon	Surriame)	Hall		
BE		19a, INFORMANT'S NAME (Type/Print)		h. MAILING	ADDRESS	(Street a			Route Number,	City or Tow	n State 7			_	
	2	John H. Krisko, II	II							ethes				20817	
		20A, METHOD OF DISPOSITION		b. PLACE	OF DISPO	SITION (Nan					-	_	City or To		
		1 Burial 2 Cremetion 3 Removed 4 Donation 5 Other (Specify)		other pl		ll Ce	mete	arv					-	aryland	
		21. SIGNATURE OF FUNERAL SERVICE LICE		-		22. N	AME AN	D ADDRES			bert	A. F	umph	rey Fun	
1		Home/Bethesda-Chevy Chase, Inc. Wisconsin Avenue, Bethesda, Mary									7557 land 20	814			
		23. PART Under the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, heart failure. List only one cause on each line. Approximate interval Between													
		Interval Between Interval Between Interval Between Onset and Death Onset and Death													
		disease or condition												11	
		oue TO (OR AS A CONSEQUENCE OF):													
	Z	Sequentially list conditions,													
	TIFICATION	If eny, leading to immediate													
3	5	cause. Enter UNDERLYING CAUSE (Disease or injury													
	Ē	that initiated events resulting in death) LAST													
4	SE	resulting in death) LAST													
		PART II. Other significant conditions	contributing to death	but not	rasulting	in the un	darlying	cause g	given in	Part i. 2	Ia. WAS AN		241	. WERE AUTOPSY	
	MEDICAL									_ 1	YES	NO		COMPLETION DF OF DEATH?	CAUSE
È	¥											•		1 YES 2	NO
9	ä														
	N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL					ACE OF D	EATH (Ch	eck only one)					
	Sic	1 X YES 2 NO	* Inpetient 2 ER/Ou	tpatient 3	□ DOA	OTHER 4 - Nurs		e 5 □ Re	sidence	8 - Other (5	Specify)				
,	PHYSICIAN:	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)		28b. TIN	ME OF JURY	28c. INJ WO	URY AT		28d. DESCR	NOH 381	NJURY O	CCURED		
6	ВУ	Natural 5 Pending 2 Accident Investigation				М		YES 2	NO						
2	60	3 Suicide a Could not be	28e. PLACE OF INJUF building, atc. (Sp	RY — At he ecify)	ome, farm,	street, facto	ery, offic	•			ON (Street Town, State)		er or Rural	Ploute Number,	
1		4 Homicide determined													
	COMPLET	anal and	CIAN: To the best of my kno												
	Š	one) 2 MEDICAL EXAMINER	: On the basis of examinat	lon and/or	Investigati	on, in my o	pinion, d	leath occur	red at the	time, deta ar	d place, ar	nd due to	the cause(a) and menner as	stated.
5	ш	29b. SIGNATURE AND TITLE OF CERTIFIER	100	X	V	1		-	ENSE NUI	_		29d. DA	TE SIGNE	Month, Day, Year	0 -
THE STREET	0 8	1.000		= ==	- 0	1		D(25	842			5	1151	70
- 1	P 1	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLSE OF	SEATH OTE	M 27) /F-	a Drinett									

William Killay, M.D. 8218 Wisconsin Avenue, Bethesda, Maryland 20814 Julia Savidson-Bandolle

一世山水

Shanethia Alexandra Bethea Kenner Morn of Till 190 14-28 w 17 190 14-28 w 18 AGCAL SECURITY NUMBER 1.5 EX 1.5 MAC (fir yrs. hat birthosis) Fusicis 1 year 1 years 1 years 1.5 may 10 years 1 years 1.5 may 1		- STATE REGISTRAR			RTIFICA				MENTAL HYGIE REG. N	P /17	· ·	2:28 pm
EXECUTIVE NAME For extinuous, plus street an anticol INCOME. SECURITY NAME For extinuous, plus street an anticol INCOME. SECURITY NAME For extinuous, plus street and anticol INCOME. SECURITY STATE INCOME. SECURITY STAT	,					Vo					/EAR	TIME OF DEATH
THE RECEIVES OF DECEMBER 10. LATE THE MAN MINISTER 10. LATE THE MAN MINIS	1											
TAKEN BLAND STREET AND RUBBERS 106. STREET AND RUBBERS 11. MAN SCREEN STREET AND RUBBERS 12. MAS SCREEN STREET AND RUBBERS 13. SQUARMORD OF CALADY BUILD 14. MAS STREET AND RUBBERS 15. SQUARMORD STREET AND RUBBERS 15. MAN STREET AND RUBBERS 15. MAN STREET AND RUBBERS 16. MAN SCREEN STREET AND RUBBERS 16. MAN SCREEN STREET AND RUBBERS 16. MAN SCREEN STREET AND RUBBERS 17. MAN SCREEN STREET AND RUBBERS 18. MAN MAN SCREEN STREET AND RUBBERS 18. MAN MAN SCREEN STREET AND RUBBERS 18. MAN MAN SCREEN STREET AND RUBBERS 18. MAN MAN SCREEN STREET AND RUBBERS 18. MAN MAN SCREEN STREET AND RUBBERS 18. MAN MAN MAN MAN MAN MAN MAN MAN MAN MAN		none	1 🗆 M 2 💢 F	6. AGE (III yrs. lest t	YRS. MONT	HS DAYS	HOURS	58	(Month, Day, Year) 05/17/4	lo	Country)	MD.
TO STREE MAD ON COUNTY COLOR OF CONTROL OF COLOR		WAH								1.//		_
## 1. MATINE STOTUS 12. WAS DECERDED FOR SUBJECT SECULATION 13. WAS DECERDED FOR SUBJECT SECULATION 14. MACE - Apparent Tolerant, which is a proper of the property for t		10a. STATE 10b. CQ	UNTY	1.				3				LIMITS?
Widows Marriad Marriad Proc. 27 YES 2 200 It yes specify Cales, Marken, Participation, Secondary (18-00) Seconda			e Orchan	d Bld1	1	10			,	10g. CITIZE		
Class (Cardy only highest prote completion) Cottege (r.d. or 5 · 1) NA		1 Never Married 2 Married	FORCES? 1	YES 2 X	ED)	If yes, sp	ecify Cubar	, Maxica	n, Puerto Rican, etc.)	fee or No- 1	6. RACE Black, 1	- American Indian, White, etc.
TO PATHER'S NAME (PINL Mode), Levil Co. Kenner The MOTHER'S NAME (PINL Mode), Levil Co. Kenner The MOTHER'S NAME (PINL Mode), Levil Co. Kenner The MOTHER'S NAME (PINL Mode), Levil Co. Kenner The MOTHER'S NAME (PINL Mode), Levil Co. Kenner The MOTHER'S NAME (PINL Mode), Levil Co. Kenner The MOTHER'S NAME (PINL Mode), Levil Co. Kenner The Mother of Control Co. Mode (Pinl Mode) of Pinl Mode), Levil Co. Mode (Pinl Mode) Saundra Bethea Sa		(Specify only highest	grade completed)	(Give	kind of work o	one during mo	st of working	7	18b. KIND OF E			
Saundra Bethea Significant Control (City of Burn, State, Zip Code) Significant Control (City of Burn, State, State, State, State, State, State, State, State, State, State, State, State, Sta		17. FATHER'S NAME (First, Middle, Lest										
20. METROO QEDEPOSITION 1 Buriet 2 Commission 3 Remove from State 2 Department of Commission of Comm	1	198. INFORMANT'S NAME (Type/Print)			MAILING ADD	RESS (Street		_		own, State, Zip C	ode)	
20. LICATION CQUIRPOSITION Burlet 2 f Cornation 3 Removed from State 4 Donation 5 Other (Specify) Alexandria, VA. 21. SIGNATURE OF PURPHAL SERVING LICENSEE METOPOLITA Times / Rinaldi Fune ral Home 11800 N. H. Ave., Silver Spring, MD. 20904 22. PART I. Enter the diseases, or complications that caused the death. Do not ariser the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finest Medicals CAUSE (Pinest Medicals or condition) Revenue of the mode of dying, such as cardiac or respiratory arrest, about, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finest Medicals or condition) Revenue of the mode of dying, such as cardiac or respiratory arrest, about, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finest Medicals or condition) Revenue of the mode of dying, such as cardiac or respiratory arrest, about, or resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO	1	Saundra Bethe	ea	8	313 au:	ince o	rchai	d B	lvd. #11	, Gaitl	hers	burg. MD 2
## Hines / Rinaldi Funeral Home 11800 N.H. Ave., Silver Spring, MD. 20904		20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State other place)										
AND CAUSE CAUSE (Fine) Sequentially list conditions, resulting in death) DUE TO (OR AS A CONSEQUENCE OF):		Hines/Rinaldi Funeral Home 11800 N.H. Ave., Silver Spring, MD. 20904										
PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART III. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART III. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART III. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART III. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS ANATOPSY PREFORMED? 1		IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF OEATH (Check only one) 27. MANNER OF DEATH 1 YES 2 NO 28. PLACE OF OEATH (Check only one) 27. MANNER OF DEATH 28. PLACE OF INJURY 28. PLACE OF OEATH (Check only one) 27. MANNER OF DEATH 28. PLACE OF INJURY 28. PLACE OF INJURY AT WORK? 1 YES 2 NO 28. PLACE OF OEATH (Check only one) 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT NOR. YES A WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. PLACE OF INJURY AT WORK? 28. DESCRIBE HOW INJURY OCCUREO 28. PLACE OF INJURY AT WORK? 28. DESCRIBE HOW INJURY OCCUREO 28. PLACE OF INJURY AT WORK? 28. DESCRIBE HOW INJURY OCCUREO 28. PLACE OF INJURY AT WORK? 28. DESCRIBE HOW INJURY OCCUREO 38. DESCRIBE HOW INJURY OCCUREO 39. CERTIFIER OF CERTIFIER 28. DESCRIBE HOW INJURY OCCUREO 30. NAME AND ADORES OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 27) (Type, Print) Y - SUBPLICATION AND ADORES OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 27) (Type, Print) Y - SUBPLICATION AND ADORES OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 27) (Type, Print) Y - SUBPLICATION AND ADORES OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 27) (Type, Print) Y - SUBPLICATION AND ADORES OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 27) (Type, Print) Y - SUBPLICATI		resulting in death) LAST d. PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
EXAMINER? 1 YES 2 NO Inperient 2 En/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO NO NO NO NO NO NO NO		1 U YES 2. NO COMPLETION OF CAUSE OF DEATH?										
27. MANNER OF DEATH Natural S Pending Investigation 28a. DATE OF INJURY 28b. TIME OF 1 VES 2 NO NO NO NO NO NO NO		EXAMINER? HOSPITAL: OTHER:										
1 Netural 5 Pending Investigation 2 Accident 3 Subcider 6 Could not be detarmined 28s. PLACE OF INJURN At home, farm, street, factory, office 2st. Location (Street and Number or Rural Route Number, City or Town, State) 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER Stobb 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Y - SUBRAMEN AD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Y - SUBRAMEN AD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Y - SUBRAMEN AD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Y - SUBRAMEN AD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Y - SUBRAMEN AD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Y - SUBRAMEN AD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Y - SUBRAMEN AD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Y - SUBRAMEN AD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Y - SUBRAMEN AD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Y - SUBRAMEN AD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Y - SUBRAMEN AD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Y - SUBRAMEN AD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Y - SUBRAMEN AD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Y - SUBRAMEN AD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Y - SUBRAMEN AD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Y - SUBRAMEN AD ADDRESS OF DEATH (ITEM 27) (Type, Print) Y - SUBRAMEN AD ADDRESS OF DEATH (ITEM 27) (Type, Print) Y - SUBRAMEN A			28a. DATE O	FINJURY	28b. TIME OF	28c. IN	JURY AT	eldence		W INJURY OCCU	PREO	
2 - Accident 3 - Buicide 6 - Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office 29a. CERTIFFIER (Check only only 2 - MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER Stoff 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) V - SUBRAMEN 1 A N - S			(Month, I		YHULMI	W	ORK?	NO	ALE CHILDWIN	N/		
29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 30b. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31b. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31c. NAME FILED (Month, Day, Mar) 31c. DATE FILED (Month, Day, Mar) 31c. DATE FILED (Month, Day, Mar) 31c. DATE FILED (Month, Day, Mar) 31c. DATE FILED (Month, Day, Mar) 31c. DATE FILED (Month, Day, Mar) 31c. DATE FILED (Month, Day, Mar) 31c. DATE FILED (Month, Day, Mar) 31c. DATE FILED (Month, Day, Mar) 31c. DATE FILED (Month, Day, Mar) 31c. DATE FILED (Month, Day, Mar) 31c. DATE FILED (Month, Day, Mar) 31c. DATE FILED (Month, Day, Mar)		2 Accident investigation 3 Sulcide 6 Could not be building, atc. (Specify) 28e. PLACE OF INJURY. At home, farm, street, factory, office City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
7- Subramanian MD (Pediatrica) D19677 >5-17-90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) V-SUBRAMENTAN 7600, CARROLL AVE. TATOMA PARK MD 20912 31. DATE FILED (MONTH DOWNER) 129 BEGISTRAP'S SIGNATURE		(Check only				the time, da	e and place				d.	
7600, CARROLL AVE. TATOMA PARK MD 20912		7- Supran	ranian	MD (Pe	rloid	1cca	29c. LICI	196	MBER 77	29d. DATE	SIGNED (Month, Day, Year)
NAV 22 90 Sulia Davidson Randoll	- 69	7600, CARROLL AVE. TAKOMA PARK MD 20912										
					7100	CAP	AL	K	MP2	091-		

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TO BE COMPLETED BY FUNERAL DIRECTOR

CTATE OF MADVIAND / DEDADTMENT OF UPAITU AND MENTAL DVOICHE

	1 - STATE REGISTRAR	STATE OF MI			CATE OF		REG. N					
()	1. DECEDENT'S NAME (First, Middle, La	et)					2. DATE OF DEATN	DAV	VEAD	3. TIME OF DEATN		
	CHARLES	R. KENNY					05 TH 1	DAY	900	05:18 P _M		
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign		
	none	1 🔀 M 2 🗌 F	0	YRS.	MONTHS DAYS	HOURS MIN.	4-24-1	990		yland		
	9a. FACILITY NAME (If not institution, g				9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COU	NTY OF D	EATH		
DIRECTOR	THE JOHNS HOP		'AL		BALTI	MURE		BAL	TIMO	RE CITY		
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COL			T 40 - 0/70	, TOWN OR LOC	17:04				10d, INSIDE CITY		
삘	Maryland	Carroll		10c, C111		stminste				LIMITS?		
	MALY LATIU	Calloll				M. ZIP CODE	er .	10- 0171	ZEN OF H	1 X YES 2 NO		
FUNERAL	3140 Halter	Road			137	21157		log. Citi		S.A.		
ΞI	11. MARITAL STATUS	12. WAS DECEDENT					HC ORIGIN? (Specify)	es or No—		— American Indian,		
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA		NO		pecify Cuban, Mexica S 2 NO Specify	n, Puerto Rican, atc.)		Speci			
입	15. DECEDENT'S (Specify only highest of		16a. Di	ECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF B	USINESS/IND	USTRY			
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Alder	. Do NOT us	e retired.)	oat or working						
<u> </u>	none	none		n	one							
COMPLETED	17. FATHER'S NAME (First, Middle, Last,					THE RESERVE	ME (First, Middle, Melde	The Paris				
BE (Dallas B. Ke	nny					cia Fre					
2	19e. INFORMANT'S NAME (Type/Print)						Route Number, City or To					
-	Dallas B. Ke	nny					stminst					
	20g METHOD OF DISPOSITION 1 & Burlel 2 Cremation 3 1 4 Donation 5 Other (Specify)	Removal from State	Bran	of dispos	urg Ce	metery cremetory or		croll		., Md.		
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSET	- 1			AND ADDRESS OF FA						
	6hu	J. Birni	1, 1.				uneral l Maryla		784			
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such se cerdiec or respiratory errest, shock, or heart fellure. Liet only one ceuse on each line.											
	immediate cause (Finel	ire. Liet only one ceus	e on each lin	e .						Onset end Death		
	disease or condition Scores Later Value Va											
	resulting in death)	DUE TO (OR AS A CONSE	OUENCE OF	F):							
z	Comments the transmission	A ACU	TE RON	the F	THURE	(EXTE	KINE RO	It IN	FAR	CT 23 DAYS		
티	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CONSE									
<u>S</u>	cause. Enter UNDERLYING CAUSE (Disease or injury	C	OR AS A CONSE			UNKNOW	N CAUSE) .		<u> </u>		
Ë	that initiated events resulting in deeth) LAST	502 10 (OH AS A CONSE	OUENCE OF	7):					j		
CERTIFICATION		d								-		
٦	PART II. Other significent cond	itions contributing to	death but not	resulting	in the underly	ng cause given in	Part I. 24a. WAS	24a. WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
DICAL	HYPOTENSION	3					20000	2 NO		COMPLETION OF CAUSE DF DEATH?		
MEC	DISSIGNINATE	D INTRAVA	SCULAR	COAG	SULOPAT	HY .				1 U YES 2 NO		
ä				_								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA					PLACE OF DEATH (C)	neck only one)					
SIC	1 TES 2 NO	1 Sinpatient 2	ER/Outpetient	3 🗆 DOA	OTHER: 4 I Nursing He	ome 5 🗆 Residence	6 Other (Specify)					
H	27. MANNER OF DEATH	28a. DATE OF (Month, Da	INJURY IV, Your)	28b. TIM	E OF 28c. I	NJURY AT VORK?	28d. DESCRIBE NO	W INJURY OC	CURED			
ВУ	1 Natural 5 Pending 2 Accident Investigat					YES 2 NO						
	3 Suicide 6 Could no	De building,	INJURY — At h	ome, farm,	street, factory, of	lice	261. LOCATION (Stre City or Yown, Str	et end Numbe	r or Rural	Route Number,		
1	4 Homicide determine	М					<u> </u>					
COMPLETED	Check only	HYSICIAN: To the best of	my knowledge, o	leath occurr	ed at the time, de	ite and place, and du	e to the cause(s) end :	nanner as ste	ited.			
OM	one) 2 MEDICAL EXA	MINER: On the basic of ex	amination end/o	r investigatio	on, in my opinion	, death occured at the	time, date end place,	end due to t	he ceuse(e) end manner ee stated.		
	296. SIGNATURE AND TITLE OF CERT	THEN				29c. LICENSE NU	MBER	29d, DA	TE SIGNE	D (Month, Day, Year)		
) BE	(Vauv	Isra	MD					•				
5	30. NAME AND ADDRESS OF PERSO	WHO COMPLETED CAUS	E OF DEATH (IT	EM 27) (Туре	, Print)							
	PAUL G FISH	er Mo	, JOHL	JS HOP	KINS H	OSPITAL,	600 N WO	ufe s	T, B	ACTIMORE 212		
	31. DATE FILED (Month, Day, Year) 5 17 90	MAY 2 1 90	RIS SIGNATURE	relia Do	widson-R	ndelle				UZTIMORE 212		
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Carl Carrent of

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a solur after death. Page 6 may be retained by the hy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once
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	FOR	STATE OF M	IARYLAND /	DEDAR	TMENT	UE H	EAITH	AND I	MENTAL I	UVČIEN	E	70	1 7 3 0 0
	1 - STATE REGISTRAR	SIRIE OI II		RTIF						REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE OF MONTH	D.		YEAR	3. TIME OF DEATH
	Lawrence	Amos		Las	ser				month (05/13	/90	TEAR	9:20 A M
		M 2 F	6. AGE (In yrs. last	birthday)YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, C	BIRTH (ay, Year) 17/0	1	8. BIRTH Count	
	9a. FACILITY NAME (If not institution, give stree				9b. CITY,	TOWN O	R LOCATIO	N OF DE	ATH		9c. COU	NTY OF D	DEATH
TOR	Anne Arundel Med	dical Ce	enter		Aı	nnap	olis				A	nne	Arundel
DIRECTOR		e Arunde	el	10c. CITY	nap	PILOCAT	ION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER PLOS Neptune Plos	ace				101.	ZIP CODE	21	401			U.S.	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. ARI YES 2 1 N AR OR DATES			If yes, spe		, Maxica	NC ORIGIN? (n, Puerto Ric y:		or No—		E — American Indian, sk, White, atc. chy: White
8	15. DECEDENT'S EDUCAT (Specify only highest grade col	TION		CEDENT'S					16b. K	ND OF BU	SINESS/INI	DUSTRY	
COMPLETED		College (1-4 or 5 +) life.	Do NOT us	e retired.)								
MP				Elect	rica	al E	ngine	er	J	J.S.	Capi	tol	
8	17. FATHER'S NAME (First, Middle, Last)	-							ME (First, Mid		Sumame)		
BE	Clement E. Lasei								Mosty				
2	19a. INFORMANT'S NAME (Type/Print) Mr. Lawrence C.	Laser		1103					Route Number, Ar	chy or Tow napo			MD 21401
	20s. METHOD OF DISPOSITION 1 Burisl 2 Cremation 3 Ramova 4 Donetion 6 Other (Specify)	al from State	20b. PLACE of other plate FOr	of dispos t Lir	TOOL	n Cei	netery, crem	atory or			cation – densi		own, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICEN	isee		0/		_	ID ADDRES	S OF FA	CILITY		Ritc		
	+ /Palvalla	1	/		Ba	arra	nco E	une	ral Ho				ark MD 21146
	23. PART I. Enter the diseases, or cor	mplicetiona tha	t caused the de	eth. Do n	ot enter	the mo	de of dyl	ng, suc	h ss cardie	c or resp	iratory sr	rest,	Approximate
	ahock, or haart fallure. Lis	st only one cau	se on arch lina.								•	,	Interval Between Onest and Death
	iMMEDIATE CAUSE (Finsi disease or condition reaulting in death)	RESA	PIRAT	ony	7	An	165	17					Onest and Death
z		PUL	MON	DUENCE OF	19	6	m	BU	LUS				
CERTIFICATION	Sequentially list conditions, if any, iseding to immediate		(OR AS A CONSEC									~	
<u>8</u>	CAUSE (Disease or Injury	Lyn	reito	6.5	OL	FC	MA	cu	VG 1	Disc	M	GN	
쁘	that initiated events	A-/1/	(OR AS A CONSEC	DUENCE OF	1	AND	CA	. 61	VRE	•			
	d.	1400	()		1		7 10	lic	VICE				
	PART ii. Other significent conditions	contributing to	death but not r	esulting i	n the ur	nderlying	cause g	iven in	Part I. (a	4a. WAS AN		24	b. WERE AUTOPSY FINDINGS
MEDICAL					_					PERMO	1		AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀													OF DEATH?
=			-						_				
IAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Ch	eck only one)				
Sic		Inpatient 2	ER/Outpatient 3	□ DOA	OTHEI		e 5 🗆 Re	sidence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF (Month, D	INJURY lay, Year)	26b. TIMI INJ	E OF URY M		URY AT] NO	28d, DESCI	RIBE HOW	NJURY OC	CCURED	
ED BY	2 Accident Investigation 3 Suicide a Could not be 4 Homicide determined		F INJURY At ho etc. (Specify)	me, farm, s	Mreet, fac	tory, offic	•			ION (Street Town, State)		or or Rural	Route Number,
LET	29a. CERTIFIER	Ni. To the Ferry			4 -4 -2								
COMPL	(Check only												(a) and manner se stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER			-			29c. LICE	NSE NUI	MBER		29d. DA	TE-SIGNE	D (Month, Day Har)
2	30 NAME AND ADDRESS OF PERSON WHO	70					DJ	71) /)-(6-10

ATKENTUN BAD SUPERZITAL

30. NAME AND ADDRESS OF PERSON 31. DATE FILED (Month, Day, Year)

Lulia Davido

DHMH-16 Rev 1/89

WAY 10 The Committee of the

1	-	FOR STATE REGISTRAR
1	-	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OWNE OF MARKET		CATE OF		REG. NO						
	1. DECEDENT'S NAME (First, Middle, Last)		- Y			2. DATE OF DEATH			3. TIME OF DEA	ATH		
	Lillian LarsEN	V				MONTH D			8:00 .	AM M		
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1	. BIRTHE	PLACE (State or I	Foreign		
١ ١	07-01-05-0	1 M 2	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	00	NFW.	YORK			
,	Se FACH ITY NAME (If not institution, other st			SP CITY TOWN O	R LOCATION OF DE		E OF DEATH DAY YEAR 8:00 S. BIRTHPLACE (State of Country) NEW YORK 9c. COUNTY OF DEATH ANNE OR WHAT COUNTRY 10g. CITIZEN OF WHAT COUNTRY 11g. HEACE — American I Black, White, etc. Specify CAUCA WAS AN AUTOPSY PERFORMED? 10g. LOCATION — City or Town, State CATONSVILLE, M PUNCTURE HOME WAY SEVERNA PARK, MARYLAND 20c. LOCATION — City or Town, State CATONSVILLE, M FUNCTAL HOME WAY SEVERNA PARK, MARYLAND 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 2 460 1 YES 2 2 460 CATION (Street and Number or Rural Route Number, by or Town, State) CATION (Street and Number or Rural Route Number, by or Town, State) 29d. DATE SIGNED (Month, Day, Name of the and place, and due to the cause(a) and manner as stated. The and place, and due to the cause(a) and manner as stated. The and place, and due to the cause(a) and manner as stated. The and place, and due to the cause(a) and manner as stated. The and place, and due to the cause(a) and manner as stated. The and place, and due to the cause(a) and manner as stated. The state of the cause(a) and manner as stated.					
œ	99 FACILITY NAME (If not institution, give at		Q.									
Ö	FRANKLIN +COLTH	redral STS		ANNapa	21		ANNE	. a.	Runde			
낊	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION				10d. INSIDE CIT	Υ		
E	A. 1 0	00		0	0					l MO		
5		le arunde		EVERNO	ZIP CODE		I son CITIZI					
RA	24 T	RUCKHOUSE RO)AD	1.0	10.00.00							
뿔	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				21149							
FUNERAL DIRECTOR	11. MARITAL STATUS 1) Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO			HC ORIGIN? (Specify Ye n, Puerto Rican, etc.)	or No-	Black,	 American Inc. Whita, etc. 	dlan,		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR I	DATES	1 🗍 YES	2 NO Specify	/:	CAUCAS	IAN				
	15. DECEDENT'S EDUC	CATION	CATION 18a, DECEDENT'S USU.			165 KIND OF BU	CINECC (INDI		SKWXX.			
1	(Specify only highest grade	completed)		work done during mo:					YATZ			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		RETARY		176 71 41	CITAO I	IVDOL	JOSINI			
COMPLETED			DIC	TUDITINCE								
8	17. FATHER'S NAME (First, Middle, Last) MAGNUS	LARSEN			18. MOTHER'S NA PET	ME (First, Middle, Maider RA	Sumame)					
BE												
5	19a. INFORMANT'S NAME (Type/Print)	222						,	7.000	1146		
-	MR. RODNEY E. LUD	1119	702	BENFIELD	ROAD	SEVERNA PA	AKK, M	IARII	TWIND 5	.1140		
	20s. METHOD OF DISPOSITION 1 Durisl 2 X Cremation 3 Remo	corni from State	b. PLACE OF DISPO	SITION (Name of cen	netery, crematory or	20c. L0	CATION - C	ify or Tov	vn, Stata			
-	4 Donation 5 Other (Specify)			CREMATO					LE, MI)		
	21. SIGNATURE OF TUNERAL SERVICE LICINSEE 22. NAME AND ADDRESS OF FACILITY FUNERAL HOME Barranco Sons Funeral Home											
	1 tomas	- +4ml	Some						c, MD	21146		
	21 DAUY I Enter the diseases or o	complications that cause	d the death Do							mate		
	hock, or heart failure.	List only one cause on	each line.	not enter the mo	de or dying, suc	n as cardiac or rest	iratory arre	mt,	interval	Between		
	IMMEDIATE CAUSE (Final											
	disease or condition resulting in death)	· Cardia	e X	vest	-							
		DUE TO (OR AS	UE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions, b. Sounday and hillings											
Ĕ	If any, leading to immediate	DUE TO (OR JAS	A CONSEQUENCE O	F):								
2	cause. Enter UNDERLYING CAUSE (Disease or injury	c		_					-			
Ħ	that initiated events resulting in death) LAST											
CERTIFICATION		d							-			
0	PART il. Other significant condition	ns contributing to death	but not resulting	in the underlying	cause given in			24b.				
DICAL						1			AVAILABLE PRIC			
0						1 □ YES	2 260		OF DEATH?			
Σ						— '			1 YES 2] NO		
ž	<u></u>											
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PL OTHER:	ACE OF DEATH (C)	eck only one)						
S	1 TES 2 NO	1 M Inpatient 2 - ER/Ou	tpatient 3 DOA		e 5 🗆 Residence	6 Other (Specify)						
H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)			URY AT	28d. DESCRIBE HOW	INJURY OCC	URED				
BY	7 Return 5 Pending Investigation				YES 2 NO							
	3 Suicide 6 Could not be	28e. PLACE OF INJUF building, etc. (Sp		street, factory, offic	•	261. LOCATION (Street	and Number	or Rural R	loute Number,			
TE	4 Homicide determined						,					
Z.E	29a. CERTIFIER CERTIFYING PHYSI	ICIAN: To the best of my kno	wiedge, death occur	red at the time. date	and place, and du	to the cause(a) and m	inner se stete	id.				
COMPLETED	coel) and manner as	stated.		
8	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the tima, date and place, and due to the cause(a) and											
BE	296. SIGNATURE AND TITLE OF CERTIFIES	N			29c. LICENSE NU	and the same of	29d. DATE	SIGNED	(Month, Day, You	2 3		
10	- une	- 4		-	728	178		5/	1419	0		
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF C			4. 4			,				
l l	1015012 (1V	LOOKE	ANNA	POLIS	MA							
	31. DATE FILED MAY 18 199	10 Futur Division	NATUR CONTACT									

Action 1

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Confined that I was an

Approximate Interval Batween Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?

FOR STATE REGISTRAR

1 -

		1. DECEOENT'S NAME (First, Middle, Last)	1. La Bu	Ita			2. DATE OF DEATH MONTH DO	AY 9/2	3. TIME OF DEATH		
	. 2	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Morith, Day, Year)	6. BIRTI	HPLACE (State or Foreign		
(BP	1	16226 9755	1 M 2 F 77	YRS.	SP CITY TOWN	OR LOCATION OF DE	APRIL 14		NEW YORK		
()	стоя	ANNAPOLIS NURSI			ANNAP			ANNE A			
Pages 1,	DIRECT	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. IN MD ANNE ARUNDEL ANNAPOLIS									
physician. burial-transit permit. Pages	. 1										
physician. burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	N U.S. ARMED	13. WAS DEC	CENDENT OF HISPAN	NIC ORIGIN? (Specify Yes	e or No- 14. RAC	E — American Indian,		
attending phys se as the buri	ВУ	1 Never Merried 2 Merried Wildowed 4 Divorced	FORCES? 1 _ YES IF YES, GIVE WAR OR DA	ATES A	1 TYES	3.2 ⁴ NO Specifi		Sale	H William E.		
use a	ETED	15. DECEDENT'S EDUC (Specify only highest grade	:ATION completed)		USUAL OCCUPATI work done during me		18b. KIND OF BU	SINESS/INDUSTRY			
by the hospital or att be detached for use at once.	J.	Elementery/Secondary (0-12)	College (1-4 or 5+)		se reureu.j		DDV	OT PANTN	C		
retained by the hospital 5 should be detached for notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		CLERK		18. MOTHER'S NA	ME (First, Middle, Maiden	CLEANIN Surname)	(ř		
be de	_	HOWARD ROBIN				ANNA					
5 should	BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or Tox		21403		
ter death. Page 6 may be retained the funeral director, page 5 should wal. examiner must be notified	임	AMY HOLM		14 A-	3SPACE	EEK LAN	DING AN	NAPOLIS			
death. Page 6 may be tuneral director, page examiner must be		20a. METHOD OF DISPOSITION 1 Device 2 Cremetion 3 Remo		PLACE OF DISPO				OCATION City or T			
e 6 may rector, p must		4 Dermyon 5 Other (Specify)	Wai from state		ITAN C	REMATOR	Y A	LEX. VA			
death. Pag tuneral di I. examiner		21 DONATORE OF PUNERAL SERVICE LIG	ENSEE // //		22. NAME A	ND AOORESS OF FA	TAYLOR	FUNERA	L CHAPEL		
death b tune L. exam		Deneld A.	the Tu				TER ST.				
Ilc.		23. PART I. Enter the diseases, or o			not enter the m	ode of dying, suc	ch ee cardiac or resp	olratory arrest,	Approximate		
		shock, or heart failure. I	List only one cause on a	ech ilna.	-				Interval Batwee		
with a standard file cremation, vent, the		diseese or condition resulting in death)	Resp	watery	Fai	lure			Iday		
8 9 - 0			DUE TO (OR AS	A CONSEQUENCE O	F):	iration	•		Via		
be executed sician and con rior to burial, traumatic en	NO N	Sequantielly list conditions,	DUE TO (OR AS	A CONSEQUENCE O	PI:	11-0/100	1		JI		
be cian or t	CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING Server Parkinsons Usease 75									
ertification physiqiene p	띭	that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
he death certifica the attending phy Mental Hygiene Ijury, or other	ᇤ	resulting in deeth) LAST									
the deat the att d Menta injury.		PART II. Other significant condition	a contributing to death !	but not resulting	in the underlyis	ng cause given in	Part I. 24s. WAS A	N AUTOPSY 2/	Ib. WERE AUTOPSY FINDING		
and in	EDICAL	Generalize	7				PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE		
quires than signed if Health a	<u> </u>	COPD					' ' ' ' '	2 (25)10	OF DEATH?		
v requirement of	Σ.										
SICIAN: The law requirement certificate has been the State Dept. of 1, or item 23 sho	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			_	PLACE OF OEATH (C	heck only one)				
rifficate h he State I or item	Sic	1 VES 2 INO	HOSPITAL: 1 Inpatient 2 ER/Out	tpetient 3 🗆 DOA	4 Marsing Ho	me 5 🗆 Residence	8 Other (Specify)				
NG PHYSICI ter this car sath with th marked, o	у РНУ	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY W	JURY AT YORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED			
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physice filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene pri IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other ti	red BY	2 Accident 3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe		street, factory, off	ice	28f. LOCATION (Street City or Town, State		I Route Number,		
AL DIRECTOR A TO HOURS	APLET	(Check only	ICIAN: To the best of my know						7. 5. 1. 32.		
HOSPITAL FUNERAL within 72 TANT: II	COMPL		ER: On the basic of examination	on and/or investigati	on, in my opinion,						
TO THE HOSPIT TO THE FUNERA De filed within 7 IMPORTANT: I	TO BE	296. AGNATURE AND TITLE OF CENTIFIE	went m	17		DI79	65 	≥ 57/	ED (Month, Day, Year) 490		
		Joseph N. F	COMPLETED CAUSE OF O	05 R	idge/	Bue	Anna	polis.	md. 2140		
		31. DATE FILED (Month, Day, Year) MAY 1 5 1990	32. REGISTRAR'S SIGN	nature			· · · · · · · · · · · · · · · · · · ·				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-15 Rev 1/89

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F742 444 515

IMPORTANT: It item 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

EIKH

MD

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31. DATE FILED (Month, Day, Year)

NAY 15 '90

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		IT OF HEALT		ENTAL HYGIEN REG. NO.	-	0 11303
	1. DECEDENT'S NAME (First, Middle, Last) E EDWARD	Edward Garold	ARE			2. DATE OF DEATH MONTH DA		3. TIME OF DEATH P
Œ	220-18-0862 9e. FACILITY NAME (If not institution, give street		YRS. MONTHS		ATION OF OEA	7. DATE OF BIRTH (Month, Day, Year) Sept.19,	8.	BIRTHPLACE (State or Foreign Country) Maryland OF DEATH
DIRECTOR	Fallston General Horest		10c. CITY, TOWN		n		Hari	10d. INSIDE CITY LIMITS?
FUNERAL D	10e. STREET AND NUMBER 407 Garnett Road	.oru	ооррг	101. ZIP CI	21.0)85	10g. CITIZEN	1 YES 27 NO
ВУ	1 Never Merried 2 X Merried 3 Widowed 4 Olvorced	2. WAS DECEDENT EVER IN U.S. ARM FORCES? No YES 2 NO IF YES, GIVE WAR OR DATES UWIL, KOKEM, V	IETNAM	If yes, specify Cr	uban, Maxican,	C ORIGIN? (Specify Yea , Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	12	npleted) (Giv College (1-4 or 5+)	Do NOT use retired	Militar	У		overnm	
BE CO	Jesse Edward I	are	****	Ve	ritas		Eakle	
5	Jackie T. Lare					patowne, Mo		
	20a. METHOD OF DISPOSITION Burle! 2 Cremetton 3 Remove 4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	Chape	El Luthe	NAME AND ADD	erch Ce	emetery, 1 omas III F	Daysvi. Tuneral	lle, Maryland Home, P.A. 1, Md. 21009
	23. PART i. Enter the diseases, or come shock, or heert fellure. Lie iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Respiratory DUE TO (OR AS A CONSEC	Filure	er the mode of	Ernp	as cardiac or respi		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	DUE TO (OR AS A CONSECUENT OF TO (OR AS A CO	UENCE OF):	- pneu	Inon	ia.		342
MEDICAL	PART II. Other algolificent conditions o	ontributing to death but not ra	asulting in tha	underlying caus	e given in F	Part i. 24a. WAS AN PERFO!	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		OSPITAL:	□ DOA 4 □ N	ER:	F DEATH (Chec	ck only one)		
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES		28d. DESCRIBE HOW I	NJURY OCCUR	RED
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	me, farm, street, f	actory, office		28f. LOCATION (Street City or Town, State)		Rural Route Number,
COMPLETED	one) /2 MEDICAL EXAMINER:	Op the best of my knowledge, dea						sause(a) and manner as stated.
BE (29b. SIGNATURE AND VILLE OF CENTIFIER	B.D.P.	AREKH	MD 29c. I	LICENSE NUM			IGNED (Month, Day, Year)

29c. LICENSE NUMBER
D 18424

MD.

21047.

FALLSTON,

PAREKH MD

RD

SON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE who Davidson-Randall

1908

HARFORD

29d. DATE SIGNED (Month, Day, Year)
5-14-90

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STATE (0F	MARYLAND	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		ENTAL HYGIE REG. N				
i	1. OECEDENT'S NAME (First, Middle, Last) MOJLY	Bertha		Lockar	120	2. DATE OF CEATH MONTH	6 199	0 9:27 FM		
~	4. SOCIAL SECURITY NUMBER 2 4 - 10 - 1 4 7 98. FACILITY NAME (If not institution, give st	1 □ M 2 □ F 0,4			HOURS MIN.		96 May			
DIRECTOR	CITIZENS NUTSIN		10c. CITY	Tireder, TOWN OR LOCAT			Fre	10d. INSIDE CITY		
	10e. STREET AND NUMBER	ierick	Fr		ZIP COOE			2 VES 2 □ NO 10g. CITIZEN OF WHAT COUNTRY?		
BY FUNERAL	9 9 Novich May L 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	21101						
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Com a some	USUAL OCCUPATION WORK done during more retired.)	at of working	Union		twiing Co.		
H	17. FATHER'S NAME (First, Middle, Leat) Jacob Ezila Sumr. 188. INFORMANT'S NAME (Type/Print)	ners	19b. MAILINO	ADDRESS (Street)	Total Mark Transfer	NE (First, Middle, Mail ELLEN Pa	lmer	(a)		
٩	Leona Markey 20a, METHOD OF OISPOSITION 1 B. Burlal 2 Cremation 3 Ram	owel from State	1235 other place)	Ridge R	oad, Perk	easie, Pe	nna. 18	944 or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LIEUTE 1 SIGNATURE OF FUNERAL SERVICE LIEUTE 22. NAME AND ADDRESS OF FACILITY 1 STANDARD OF FUNERAL SERVICE LIEUTE 1 621 Upossumtown Pike, Friederick, Md.									
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Out To (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d									
PHYSICIAN: MEDICAL C	PART II. Other aignificant condition	na contributing to death	but not resulting	In the underlyir	g ceuse given in	PEI	S AN AUTOPSY RFORMED? SS 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (Ch					
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year,	Y 26b. TIA	NE OF 28c. IN	JURY AT DRK? YES 2 NO	26d. DEŞCRIBE H	OW INJURY OCCUR			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (St	RY — At home, farm, pecify)	street, factory, off	ce .	281. LOCATION (S City or Town,	treet and Number or State)	Rural Route Number,		
COMPLETED	One) 2 MEDICAL EXAMIN				death occured at the	time, data and plac	e, and due to the c	ause(s) and menner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON W	1. South	6EATH (ITEM 27) (Typ	e, Print)	29c. LICENSE NU	-07	> 5	IGNED (Month, Pay, Year)		
	31. DATE FILED (Month, Day, Year)	32. REDISTRAR'S SH	GNATURE				·			
	MAY 15 1990 90	me pendon-non						OHMM.18 Per 1/8		

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MADY AND / DEPARTMENT OF HEALTH AND MENTAL HYCLENE

1 - STATE REGISTRAR		SIMIL OF I	MILLEN	CERTIF	FICAT	E OF	DEATH	MENTA	REG. NO).			
1. DECEDENT'S NAME (First,	Middle, Last)	Donal	d					2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH	
Roc	lney	D.		Lindse	У				Ö5 1		90	3:12AM M	
4. SOCIAL SECURITY NUMBER 217-12-5971		5. SEX 1 1 M 2 F	6. AGE (In	yrs. last birthday) YAS.	MONTHS	DAYS	IF UNDER 24 HRS.	(Mont)	of BIRTH h, Day, Year) y 20,]	L922	Coun	HPLACE (State or Foreign my) ryland	
9a. FACILITY NAME (# not in Montgome		neral Hos	pita:	L		ney	OR LOCATION OF D			9c. COI	ontg	omery	
RESIDENCE OF DEC	10b. COUNTY	,		19c, CITY, TOWN OR LOCATION						10d. INSIDE CI			
Maryland		tgomery		100.00		ther	sburg					LIMITS?	
100. STREET AND NUMBER 24550 Wo	oodfie:	ld Road	10f. ZIP CODE 20882						10g. CI	U.S	·A.		
11. MARITAL STATUS 1 Never Married 2 2 3 Notes 1 Note		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	AR OR DAT	R DATES 1 ☐ YES 2 NO Specify:						es or No-	Blac	E — American Indian, ik, White, etc.	
	EDENT'S EDU y highest grade 0-12)			16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Brick Mason County							s		
17. FATHER'S NAME (Flist, M	16.3	W. Lindse	У				18. MOTHER'S NA Edi.		Middle, Maide onia				
Charlotte		dsey		196. MAILIN	MOC	ss (Street)	and Number or Rural	Gait	ber, City or To hersbi	wn, State, 2	Md.	20882	
20a. METHOD OF DISPOSIT 1 D Burlai 2 Crematic 4 Donation 5 Other		b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 28c. LOCATION — Cit other place)											
21. SIGNATURE OF FUNERA	or th	22. NAME AND ADDRESS OF FACILITY Olin L. Molesw. 26401 Ridge Rd							Md	20872			
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if sny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or inju that initiated events resulting in death) LAS	tions, dilate ing	b. DUE TO	(OR AS A C		OF):	٠ (iccide	t				Interval Between Onset and Death	
PART II. Other significa	ent condition	ns contributing to	death but	t not resulting	g in the i	undertyln	g ceuse given in	Part I.	24e. WAS A PERFO 1 YES	DAMED?	Y 24	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:	FR/Ordered	tient 3 🗆 DOA	OTHI	ER:	LACE OF OEATH (C			=			
27. MANNER OF DEATH	Pending investigation	26a. DATE OF (Month, D	INJURY	26b. T	IME OF NJURY	28c. IN	JURY AT ORK? YES 2 NO		SCRIBE HOW	/ INJURY O	CCURED		
2 Accident 3 Suicide 8 4 Homicide	Could not be determined		F INJURY - etc. (Specif	At home, farm	ı, street, fa	ectory, offi	CO		CATION (Street or Town, State		er or Rurai	Route Number,	
CHECK OTHY		ICIAN: To the best of ER: On the basis of e										(a) and manner as stated.	
29b. SIGNATURE AND TITLE	July 1)				29c. LICENSE NU	JMBER 526	1	29d. D/	S SIGNE	N 90	
30. NAME AND ADDRESS O	. Yack	ee, M.D.	38	Ol Inte	erna	tiona	al Dr. #	210,	Silve	r Spi	ring	Md. 20906	
31. DATE FILEO (Month, Day,	199	1 32. #EGISTRA	B'S SIGNA	- Fandal	٤								

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

PERSONAL PROPERTY.

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	D THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2 hours after death. Page 6 may be n	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	processiry is the On the market on them 22 about one intern or other desired assent the market avenion much be a
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	FOR 1 - STATE REGISTRAR	TATE OF MARYLAND /		OF HEALTH AND	MENTAL HYGIEN	_					
	1. DECEDENT'S NAME (First, Middle, Lest)	71.2.4.			2. DATE OF DEATH		3. TIME OF DEATH				
	PLOSENCE Lin	ton (FLORENCE	ELIZABE	TH LINTON)	MONTH DA	$\frac{1}{2}$ $\frac{1}{9}$					
1	4. SOCIAL SECURITY NUMBER 5. SE		st birthday) IF UNDER	1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		HRTNPLACE (State or Foreign ountry)				
	0 218-40-7396 ^{1□}	M 2 X F 6 4	YRS. MONTHS	DAYS HOURS MIN.	9-27-2		irginia				
	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
DIRECTOR	RESIDENCE OF DECEDENT	15. Green St.	Br	Altimore m.	0 21201	Bal	Timore				
W	Vivoinia		10c. CITY, TOWN C				10d. INSIDE CITY				
10.	Virginia Accomach	CO.	Groton				1 TYES 2 NO				
\ ₹	16. STRIFET AND NUMBER			101. ZIP CODE		.17	OF WNAT COUNTRY?				
FUNERAL				23426		U.S.	A . RACE — American Indien,				
5	1 Never Married 2 Married F	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Ricen, atc.)									
₩	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES X										
8	15. DECEDENT'S EDUCATION	N 16a. Df	ECEDENT'S USUAL O	CCUPATION	16b. KIND OF BUS	SINESS/INDUST					
	(Specify only highest grade complete Elementery/Secondery (0-12) Coll		Give kind of work done b. Do NOT use retired.)	during most of working							
ᅵ귙			ousewife		None						
COMPL.	8th Grade Housewite None 17. FATNER'S NAME (First, Middle, Maiden Surneme)										
H H	ARTHER BARNES LUCILLE MARSHALL										
TO B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
2 F	VERNON DANE LINTON 1012 Cedar Street Pocomoke City, MD 21851										
t a	204. METNOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) 20c. LOCATION — City or Town, State other place)										
Ē	4 Donellon 5 Other (Specify) DOWNING CEMETERY UAK HALL, VA										
ie ie	21. SIGNATURE OF FUNERAL SERVICE LICENSEI		22.	NAME AND ADDRESS OF FA	ACILITY						
ехап	1 m Dale to		FC	X FUNERAL H	OME. TEMPE	RANCEV	ILLE, VA 23442				
medical examiner must be notified at once. TO BE COM	23. PART I. Enter the disesses, pr comp	licstions that caused the d									
E E	shock, or heart fallure. List of IMMEDIATE CAUSE (Final	inly one cause on asch lin	a.				Interval Between Onset and Death				
the the		1 Dean RE	CP: DOTA	Y APDE	ST		IMMEDIATE				
T,		LARDIO RES			<i></i>		IMMEDIATE				
or other traumatic event, ERTIFICATION	Sequentially list conditions. The ISCHEMIC BOWEL 48LRS										
	Sequantially list conditions, If sny, lasding to immedista	DUE TO (OR AS A CONSEQUENCE OF):									
E S	cause. Enter UNDERLYING CAUSE (Disease or Injury) Due TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
불	that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): BREAS CARCING MA										
ry, or other traumatic CERTIFICATION	d	OLEAS C	HRCINO	MA							
Injury,	PART II. Other significant conditions cor	ntributing to dasth but not	resulting in the u	ndarlying cause given in			24b. WERE AUTOPSY FINOINGS				
any S	RESPIR	ATORY FAIL	LURÉ		PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
shows any							1 TYES 2 NO				
ed, or item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)						
Sign	EXAMINER? 1 YES 2 NO 1 N	SPITAL: Inpatient 2 - ER/Outpetlant	3 DOA 4 Nu	R: rsing Home 5 🗆 Rasidenca	6 Other (Specify)						
å, ₹	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE NOW	INJURY OCCUR	ED				
marked, BY PH		(markin, ady, rodry	M	1 YES 2 NO							
₩ 0	3 Suicide 8 Could not be	28e. PLACE OF INJURY At h building, atc. (Specify)	ome, farm, street, fac	tory, office	281. LOCATION (Street City or Town, State		Bural Route Number,				
82 世	4 Homicide determined					,					
을 교		To the best of my knowledge, d	leath occurred at the	time, data end placa, and du	e to the cause(a) end me	nner as stated.					
COMPL	one) 2 MEDICAL EXAMINER: On	the basis of examination end/or	r investigation, in my	opinion, death occured at th	e time, date end place, e	nd due to the ce	euse(e) end menner ee stated.				
IMPORTANT: IF				29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)				
NPO B	1 1 1 1 1 1 1 1 1 1 1	(ARIF SU	Acros +	10) ME 0	48119	1 5-	12-90				
= 2	30. NAME AND ADDRESS OF PERSON WHO COL		EM 27) (Type, Print)	7	, , , ,						
	22. S. GREEN	E ST. BAL	LIMORE	MD.							
	31. DATE FILED (Month, Day, Year)	ST. BAL 32. REGISTRAR'S SIGNATURE GUNA DAVIDA	70		-						
13	MAY 1 4 '90	guna Davids	on-yandell								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within security after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	CATE OF	DEATH	F	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)			- "			2. DATE OF	DEATH D		MEAN	3. TIME OF DEATH	
	Mar	ie L	EONE		Lowery		May	9	A.Y	90	0315	М
	4. SOCIAL SECURITY NUMBER	s. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF	BIRTH		6. BIRTH	IPLACE (State or Foreign	n
	303 20 32300	□ M 2 😾 F	68	YRS.	MONTHS DAYS	HOURS MIN.	Sept.		21		IIGAN	
TOR	96. FACILITY NAME (If not institution, give stree 354-H Mary Jane D RESIDENCE OF DECEDENT					SBURY	EATH		9c. CO	Wico		
EC	10e. STATE 10b. COUNTY			10c. CITY	r, TOWN OR LOCA	TON					10d. INSIDE CITY	
DIRECTOR	MARYLAND WICOM	ICO		SA	LISBURY						LIMITS?	
FUNERAL	106. STREET AND NUMBER 354 A MARY JANE	DR			10	2 180 1			10g. CITIZEN OF WHAT COUNTRY? USA			
B√	11. MARITAL STATUS 1 Never Merried 2 57 Merried 3 Widowed 4 Divorced		TEVER IN U.S. ARN YES 2 XNC AR OR DATES		If yes, sp	ENDENT OF HISPAR ecity Cuben, Mexice 2 XNO Specify	n, Puerto Rica		or No-	14. RACI Blec Spec	E — American Indien, k, White, etc. Wy White	
COMPLETED	15. DECEDENT'S EQUCAL (Specify only highest grade co		(Giv	EDENT'S to kind of w Do NOT us	USUAL OCCUPATION of done during more retired.)	ON st of working	16b. KII	ND OF BU	SINESS/IN	DUSTRY		
MPLE	12 YEARS	NO NO		CAL	TECHNIC	IAN		НО	SPIT	AL		
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA						
H	WILLIAM 190. INFORMANT'S NAME (Type/Print)	EUGENE	EGNE		ADDRESS (Com et	JOHANN		UNK		KNOL		
2		IOD AND				ANE DR,					1	
	DR. GUY LAWERY-HU 200. METHOD OF DISPOSITION 5/10)/90	20b. PLACE C	F DISPOS	SITION (Name of ce	metery cremetory or	OWLION			- City or To		
	1 Buriel 2 Cremellon 3 Remove 4 Donation 5 Oliver (1997)	0	SALIS	BURY	CREMAT	ORY		SA	LISB	URY,	MD	
	21. SIGNATURE OF POMERAL SERVICE LICES	011	00		HOLLO	ND ADDRESS OF FA WAY FUNE NOW HILL	RAL HO					
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST Onset and Death a. Arteriosclerotic Cardiovascular Disease Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):											
	PART II. Other algnificent conditions	contributing to	death but not re	audėlaa i	im the condensate	t t	Dard I To	a, WAS AF		v [a.	. WERE AUTOPSY FINDI	
: MEDICAL					in the underlyin	g cause given in		PERFO	RMED?	24	AVAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL				28. P	LACE OF DEATH (C)	neck only one)					_
SIC		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ne 5- Residence	8 Other (S	inectiv)				
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 6 Pending	28e. DATE OF (Month, D	INJURY	28b. TIM	E OF 28c. IN	JURY AT DRK?	28d. DESCR		INJURY O	CCUREO		
FED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE O building,	F INJURY — Al hor etc. (Specify)	ne, farm, :		YES 2 NO		ON (Street fown, Stells		per or Rural	Route Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI										e) and menner as state	d.
BE	295, SIGNATURE AND TITLE OF CERTIFIER	un		2	۹.	29c. LICENSE NU	мвел		29d. D		D (Month, Day, Year)	1
2	30. NAME AND ADDRESS OF PERSON WHO		SE OF DEATH (ITEM			0.14-1	. 100	010	0.1	5/9	/90	
	John T. Bulkeley,				koad,	Salisbur	y, MD	218	101			
3	31. DATE FILED (Worth, Day, Year)	32. REGISTRA	S SIGNATURA		S							



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) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as after death. Page 6 may be retained by the host	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
fter	the	Oval	le
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M	The	s fied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	vent,
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	1 - FOR STATE OF MARYLAND / STATE REGISTRAR CI	DEPAR ERTIF	TMENT	OF H	EALTH DEAT	AND N		YGIENI EG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest) CATHERINE LECHL	ITER					2. DATE OF C MONTH May 2	DA	, 990	YEAR	7:35 P M
	4. 5.5 NO. 214-07-3206 5. SEX 6. AGE (In yrs. Ins. 213-74-1373 1 MX2 F 85	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E	иятн (1 °1 °),	1905	6. BIRTHP	LACE (State or Foreign
l e	9a. FACILITY NAME (If not Institution, give street and number) Memorial Hospital		9ь. спу Cumb	-	and	N OF OE	ATH			egan	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN C	OR LOCAT	TON						10d, INSIDE CITY
	MD Allegany 10e. STREET AND NUMBER	Cu	mber		ZIP CODE				10- 01717		LIMITS? T YES 2 NO HAT COUNTRY?
FUNERAL	212 W. Oldtown Road				2150					ISA	TAI COORTET?
B	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S.A.R. FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES		100	If yes, sp			IIC ORIGIN? (S n, Puerto Ricer		or No—	Black,	— American Indian, White, atc. White
COMPLETED	(Specify only highest grade completed) (G	CEDENT'S live kind of Do NOT u SEWII	work done	CCUPATIO during mo	ON st of worldn	g		hom	EINESS/IND	USTRY	
BE CON	17-Father's NAME (First Middle Agel)				MyIT	TE "(Timi'i) Middl	e, Maiden	Surname)		
TO B	Mr. Paul F. Lechliter, Jr. 21	2 W.	Oldt	S (Street a	Road	or Rural F	nberla	nd, I	MD 21	502	
	XGN METHOD OF DISPOSITION 20b. PLACE 1 Burtel 2 Cremetton 3 Removal from State 5 other (Specify) 4 Donatton 5 Other (Specify)	of dispo	SITION (NA Ceme	eter	netery, crem	atory or		20c. Lo Cumb	erlar	City or Town	State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ames 7 Xcarpel	li.	Sc Ct	mbe:	grand rland	Fund I, MI	9431 H	ome 2			
	23. PART I/Enter the diseases, or complicatione that cause on each line shock, or heart failure. List only one cause on each line		not enter	the mo	de of dyl	ng, suc	h as cardiec	or reepi	ratory err	reet,	Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in desth) a. Un nau for Due to (or as a conse	Ut-	m	fer	tran	-					Onset and Death
NO		Par OUENCE O	ain Fi		Syn	dro	me	-			ļ
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	QUENCE C	NF):								
ERT	resulting in desth) LAST										
CALC	PART II. Other significent conditions contributing to death but not	resulting	in the u	nderlyin	g cause (iven in	Part i. 24	. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDIC							11	YES 2	DIR		OF DEATH? 1 YES 2 NO
N. N											
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 400 HOSPITAL: 1 Mostlont 2 ER/Outpatient:	3 🗆 DOA	OTHE A Nu	R:			eck only one) 6 Other (Si	nec(fv)			
Y PHYSICIAN: MEDI	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	28b. Til		28c. IN.	JURY AT ORK? YES 2		28d. DEŞCRI		NJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm,	street, fac	tory, offic	:e		281. LOCATIO City or To	ON (Street : Own, State)		or Rural R	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, d 2 MEDICAL EXAMINER: On the basis of examination and/or										and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LIC	3 1	MBER 579		29d. DAT	5 12	(Month, Pay, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITI			4	1	\m ^	1500			-	
	Dr. N Ranjithan 517 Oldtown Ro	oad,	Cumb	erla	ind,	MD 2	1502				
	IMAY & 9 1990 general author Bando	er_									

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMOHE, MARYLAND 21203-3146 TO THE MODERAL OR ATTENDING PROSIDEN: The law requires that the death certificate be executed with the moderal. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF				NENTAL HYG REG.			,
	1. DECEDENT'S NAME (First, Middle, Lest) James Henry I	ong					May 24,	1990		31 ME 2 DATIM.
			yrs. lest birthday) 1 YRS.	MONTHS 1		IF UNDER 24 HRS.	7. DATE OF BIRTH	4, 19	09 Court	NPLACE (State or Foreign
2	Po. FACILITY NAME (If not institution, give street Route 3 Box 74A	end number)		OUMBET LAND				eath 0c. ATITE Gardy		
5	RESIDENCE OF DECEDENT							1 7 4 4 4 4 4		
FUNERAL DIRECTO	MD 10b. COUNTY Alleg	any		y, town on tumber	land	1		10d, INSIDE CITY LIMITS? XX 1 YES 2 NO		
ERAL	100. STREET AND NUMBER Route 3 Box 74A-B	edford Rd.			101. 2	21502		10g. C	USA	WHAT COUNTRY?
B	11. MARITAL STATUS 12. Never Married 2 Merried 3 Widowed 4 Divorced	R. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED 2 NO TES WWII	Ef y	yes, speci	IDENT OF NISPAN Ity Cuben, Mexicar I NO Specify	, Puerto Rican, etc			CE — American Indien, ck, White, atc. cd/y: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of a life. Do NOT us ret. OV	work done du	iring most	of working		F BUSINESS/ lips		Sunoco Gas S
BE COM	17. FATHER'S NAME (First, Middle, Leat) Geroge Louis Long 19. Magness Now the violation of the control of the									
TO B	190. INFORMANT'S NAME (Type/Print) Mrs. Catherine L. McMullen 190. Mailing address (Street and Number or Rural Route Number, City, M. Down State (Type/Print) Route 3 Box 74A Cumberland, MD 21502 Code)									
	20s. METHOD OF DISPOSITION 1 Disprise 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)							lárd,	Town Dynto	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 SLAME AND ADDRESS OF THE PLANT AND 21502 23. PART I/Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
CERTIFICATION	/ shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									Interval Between Onset and Death 2 O Clay
PHYSICIAN: MEDICAL CEF	PART II. Other algorificent conditions of	contributing to deeth bu	ut not resulting	in the und	derlying	cause given in	PI	AS AN AUTOPERFORMED?		4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL				26. PLA	CE OF DEATH (Ch	eck only one)			
Sic		IOSPITAL:	Itlent 3 DOA	OTHER	: ing Nome	6 Residence	8 Other (Specif	y)		
	27. MANNER OF DEATN 1	26e. DATE OF INJURY (Month, Day, Year)	26b. TIR	_	28c. INJU WOR	RY AT	28d. DESCRIBE		OCCURED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Speci		nome, ferm, atreet, factory, office				Street and Nur State)	nber or Run	el Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAL EXAMINER:	_								e(a) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	(a. 7 A				29c. LICENSE NUI				ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO Dr. Anthony J. B	COMPLETED CAUSE OF DEA	atn 9537 F1	éderi	ick S	Street,	Cumberl	and, N	4D 21	502
	31. DATE FILED (Month, Day, Year) MAY 2 5 1990	22. REGISTRAR'S SIGN	ATURE							

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT/ REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last)	REG. NO.											
	CLYDE Dean LUCAS MA	Y 22, 1990	3. TIME OF DEATH 7:40PM M BIRTHPLACE (State or Foreign										
(gp)	217-10-5596 1 M 2 F 79 YRS. MONTHS DAYS HOURS MIN. 062 99. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number)	oth, Day, Yaari	aryland										
T. 2. Sh		Ceci											
SIRE SIRE	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION North East		10d. INSIDE CITY LIMITS? 12 YES 2 NO										
permit AL	10e. STREET AND NUMBER 10f. ZIP CODE	10g. CITIZEN	OF WHAT COUNTRY?										
lal or attending physician. for use as the burial-transit in the control of the c	The state of the s	IN? (Specify Yee or No- 14.	RACE — American Indian, Black, White, etc. Specify: White										
lor u	(Special only highest grade completed) (Sine kind of work done during most of working life. Do NOT use retired.)	Sb. KIND OF BUSINESS/INDUST	TRY										
मा ल दे दे	George Lucas Margaret	Walker											
5 sho													
age 6 may be director, page er must be	20e. METHOD OF DISPOSITION Burlel 2 Cremetton 3 Removal from State Control of Disposition (Name of cemetery, crematory or other piace) The Donation 6 Other (Specify) Frostburg Memorial Park	28c. LOCATION City											
death. Page funeral din examiner	21. SNGNATURE OF FUNETIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hafer Chapel 0 1302 National	f The Hill:	s Mortuary										
so withincurs after ompletely filled in by the il. cremation, or removal event, the medical	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as ca shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) ARTERIOSCLEROTIC CARDIO—VASCULAR DISEATED TO COMPLETE	ordiac or respiratory arrest											
th certificate be executed ending physician and com I Hygiene prior to burlal, or other traumatic en ERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. STATUS POST ABOVE KNEE AMPUTATION OF LEG FOR GANGRENE DUE TO (DR AS A CONSEQUENCE OF): LEFT FOOT ON 5-16-90 c. SEIZURE DISORDER DUE TO (OR AS A CONSEQUENCE DF): d												
equires that the signed by the of Health and M hows any Inju	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2XXND	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
The last the has ate De em 2.	Z 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	one)	<u> </u>										
PHYSICIA this cert with the with the ricket, o	27. MANNER OF DEATH 280. DATE OF INJURY 280. TIME OF 280. INJURY AT 28d. D (Month, Day, Year) 1 Natural 6 Pending	her (Specify) ESCRIBE HOW INJURY OCCUR	NJURY OCCURED										
TENOIR: A OPR: A Inter de Is Is Is	2 Accident investigation 3 Suicide 6 Could not be building, etc. (Specify) 4 Homicide determined	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
AL OR AL ORRE 72 hours 14 litem	299. CERTIFIER (Check only one) 299. CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the control one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end manner ee stated.											
TO THE FUNER TO THE FUNER De filed within IMPORTANT:	296. SIGNATURE AND TITLE OF CERTIFIER		IGNED (Month, Dey, Year) - 22-91)										
9	PREM LAL, M.D. VAMC, PERRY POINT, MD. 21902 31. DATE FILED (Month, Day, Voar) 32. REGISTRAR'S SIGNATURE												
	MAY 2 5 1990 St. King Page		DHMH-16 Rev 1/										

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Harter Chapel Of the Gill - Marchary

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year) '90

578-20-5320

Joseph Alfred Long

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VISION	
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/ AS P.	1	\$6. PACILITY NAME (II not institution, give a	treet end number)		90.	CITY, TOWN C	R LOCATION		
(競組)	16	5041 Castlemo		Columbia					
	5	10e, STATE 10b, COUNTY	10c. CITY, TO						
Page	IRE								
	ō	riu.	Howard		COT	umbia			
bed	3AL	10e. STREET AND NUMBER				101	ZIP CODE		
n. ansit	Ē	5041 Castlemod					21		
46 physician. burial-transit permir	FUNER	11. MARITAL STATUS 1 Never Merried 2XXMerried	12. WAS DECEDENT EVE FORCES? X1X Y	ER IN U.S. ARME	D	13, WAS DEC	ENDENT OF		
d ph	ВУ	3 Widowed 4 Divorced		1 TYES					
as th			IF YES, GIVE WILL						
ZIZU3-3146 tal or attending phys for use as the buni	旦	15. DECEDENT'S EDU: (Specify only highest grade		(Give		AL OCCUPATION			
is of the second	LE I	Elementary/Secondary (0-12)	N/A			perat	or		
AND ZIZUS-3146 the hospital or attending physician, detached for use as the burial-tran once.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)	11/21		Jul O	perac			
SALI IMORE, MAKTLAND If death. Page 6 may be retained by the hospi he funeral director, page 5 should be detached al. Examiner must be notified at once.			2 2				18. MOTHE		
ed by	BE	Ludwell S. Loi 19a. INFORMANT'S NAME (Type/Print)	iig				Ве		
retained b 5 should notified	2					RESS (Street a			
y be o		Rose Long				as 10			
may or p		20a. METHOD OF DISPOSITION ↑C>Burlel 2 ☐ Cremation 3 ☐ Rem	oval from State	20b. PLACE OF other place	9)				
IMORIE, M Page 6 may be re al director, page 5		4 Donation 5 Other (Specify)			Ce	dar H			
death. Page 6 ma threath, Page 6 ma thread director, I.		21. SIGNATURE OF PUNERAL SERVICE LIC	7//	/		22. NAME AN			
after death. y the funera noval. cal exami		· Med D	Veal			Clint			
d in by the or removal.		23. PART I. Enter the diseases, Dr	complications that cau	sed the dest	h. Do not e				
or re		ahock, or heart fellure.	List only one cause o	n eech line.			,		
fined the m		tMMEDIATE CAUSE (Finel disease or condition	lan			77	h.		
ted within completely fille tal, cremation, event, the		resulting in death)	DUE TO (OR	AS A CONSEQU	ENCE DEL	cule	Thy		
be executed within sician and completel innor to burial, crema traumatic event,			0	NO A GONGEOG	ENGE OF J.	Cente	_ 0		
executed executed to burial, matte en	O	Sequentially list conditions,	DUE TO (OR /	AS A CONSEQU	INCE OFI:	and	ny		
sician prior traum	AT.	if sny, lesding to immediata cause. Enter UNDERLYING			,		•		
ertificate ing physiqiene p	H	CAUSE (Disease or injury that initiated events	DUE TO (OR /	AS A CONSEQU	ENCE OF):				
n certifica ending phy Hygiene or other	CERTIFICATION	resulting in death) LAST	4						
the death the attent Mental H	CE		d						
	AL	PART II. Other significent condition	s contributing to deed	th but not res	sulting in th	e underlyln	g cause gl		
that the shift and	S								
requires the seen signed of Health shows and	Æ								
red been been st. of	PHYSICIAN: MEDICAL								
he law r has be e Dept. m 23 s	A	25. WAS CASE REFERRED TO MEDICAL				26. PI	LACE OF DE		
I.A. The ficate h State (SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3		HER: Nursing Hom	5 14 199		
SICIAN: The certificate h the State I	H	27. MANNER OF DEATH	28s. DATE OF INJU	IRY	28b. TIME OF	28c, INJ	URY AT		
F - F	/ P	1 Metural 5 Pending	(Month, Day, Ye	ar)	YANCHI	M 1 🗆	YES 2		
NDING It. After r death	8	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJ	OF INJURY — At home, farm, street, factory, office					
THEN THEN STORY	CED	4 Homicide determined	building, atc. ((Specify)					
OR ATTENDING OR ATTENDING DIRECTOR: After hours after deat	COMPLETE	29e. CERTIFIER							
# 28 P	MP	(Check only	CIAN: To the best of my k						
HOSPITAL FUNERAL WITHIN 72	징	MEDICAL EXAMINE	R: On the basis of examin	nation and/or im	restigation, in	my opinion, d	eath occure		
TO THE HOSPITAL. TO THE FUNERAL De filed within 72 IMPORTANT: 14	BE (29b. SIGNATURE AND TOLE OF CENTY IN	4 /1	1			29c. LICEN		
6 5 3 M	TO B	July V	fen long	2					
15	F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM	27) (Type, Print	1)	,		
(0)			70	755	Ch	elv	v.f-e		

Julia Davidson Randalle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER t YEAR

DAYE

HOURS

MONTHS

6. AGE (In yrs. last birthday)

YRS.

67

90 14977

2, DATE OF DEATH MONTH 3. TIME OF DEATH 20 PM may 90 7. DATE OF BIRTH (Month, Day, Voter) 12-10-22 IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Wash., D.C. N OF DEATH 9c. COUNTY OF DEATH Howard 10d. INSIDE CITY 1 YES XX NO 10g. CITIZEN OF WHAT COUNTRY? 044 USA HISPANIC ORIGIN? (Specify Yea or No— Mexican, Puerto Rican, etc.) t4. RACE — American Indian, Black, White, etc. Specify: Specify: White 16b. KIND OF BUSINESS/INDUSTRY Tourism ER'S NAME (First, Middle, Melden Surname) ssie E. Baugham or Rural Route Number, City or Town, State, Zip Code) 20c. LOCATION — City or Town, State Suitland, Md. sof FACILITY Lee Funeral Home, Inc. Alexander Ferry Road laryland 20735 g, such as cerdisc or respiratory srrest, Approximsta Interval Batwe Onset and Death minutes 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE ven in Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 4H8 OF DEATH? 1 - YES 2 - NO ATH (Check only one) idence 8 C Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) and due to the cause(e) and menner as stated. d at the time, date end place, and due to the cause(e) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amounts after death. Page 6 may be retained by the hospital or attent TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal. IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	OF MARYLAI		ICATE O			THINL	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	D	AY	VEAD	. TIME OF DEATH	
	Eva	Mae		Likins			May	26	, 199		2:10 P M	
	4. SOCIAL SECURITY NUMBER 5. SEX		yrs. lest birthday)	IF UNDER 1 YEAR		24 HRS.	7. DATE O	BIRTH Day Year)		Country)	ACE (State or Foreign	
1	232-09-6390 1 M 2	25 00	YRS.					24,			rfax, WV.	
BECT	9a. FACILITY NAME (If not institution, give street and nur Garrett County Mei		Hospit	96. CITY, TOWN	akla		ATH			arre		
DIRECTOR	10a. STATE 10b. COUNTY			TY, TOWN OR LOC	***			Od. INSIDE CITY LIMITS? X YES 2 NO				
2	WV. Tucker		1 1	30x 446	101. ZIP CODI	Davi	S,	NV.	I 10a CITU		AT COUNTRY?	
FUNERAL		A 0				260			100.011	US.		
N N	Box 446 Thomas	AVE.	I.S. ARMEO	13. WAS D	ECENDENT O		IC ORIGIN?	(Specify Ye	e or No—			
BY FL	1 Never Married 2 Merried FORCI	ES? 1 YES , OIVE WAR OR DAT		If yes,	specify Cube ES 2 TNO	n, Mexican	, Puerto Ri	cen, atc.)		Specify:	- American Indian, White, etc.	
ED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	1	6a. DECEDENT'S	S USUAL OCCUPA	TION	00	16b. ((IND OF BU	ISINESS/INO			
<u> </u>		1-4 or 5 +)		work done during use retired.)	most of World	·9						
COMPLET	6th		Cook	2				Rest	aura	nt		
8	17. FATHER'S NAME (First, Middle, Last)							ddle, Malder				
BE		nold						Rumm				
10	19e. INFORMANT'S NAME (Type/Print)		111111111111111111111111111111111111111	G AODRESS (Street								
	Viola Elyard	Law		SOX 446			s,			260		
	20e_METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal from 5 4 Donation 6 Other (Specify)	State	schoe alanal	cemetes		natory or			avis			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	16.	1000		AND AODRE			Home 260				
	23. PART I. Enter the diseasea, or compliceti ahock, or heart failure. List only	ons that caused to	tha death. Do				as cardi	ec or resp	oiratory am	rest,	Approximete Intervel Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	RACTABLE			ART F	'AILU	RE				Onaet and Death	
_	ASH	DUE TO (OR AS A CONSEQUENCE OF): b. ASHD WITH ANGINA YEARS										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C		OF):								
RTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE	OF):								
兴	PART II Oh or almosticant and datum annuals	Alma ta da ab ba		1- At		-11	D. A.I. T					
0	PART II. Other algorificant conditions contribution. 1. CAROTID ARTERY S		t not rawurung	in the underly	ing cause	given in	PIIITE I.	24a, WAS A PERFO	RMED		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	1. OAROTTE ARTERT					-	_	1 TYES	2 NO		OF DEATH?	
EDICAL	2. SICK SINUS SYNDI	COLLE										
MEDICAL	2. SICK SINUS SYNDI	KOIID										
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		lient 3 🗆 DOA	OTHER:	PLACE OF C							
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 17. MANNER OF DEATH 28.	TAL:	28b. T	OTHER: 4 Nursing H IME OF 28c.	iome 5 - R	esidence	8 🗆 Other	(Specify)	INJURY OC	CURED		
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	TAL: tlent 2 □ ER/Outpet	28b. Ti	OTHER: 4 Nursing H IME OF 28c. NURY M 1	lome 5 R INJURY AT WORK? YES 2	esidence	8 Other 28d. DES	(Specify)	t and Number		oute Number,	
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending investigation 3 Suicide 6 Could not be 4 Homicide determined	TAL: Illert 2 ER/Outpet OATE OF INJURY (Month, Day, Year) PLACE OF INJURY - building, etc. (Specif	28b. Ti	OTHER: 4 Nursing H ME OF NJURY M 1 [, street, factory, c	lome 5 R	NO	8 Other 28d. DES 28t. LOCA City o	(Specify) CRIBE HOW THON (Street Fown, State	t and Number e)	r or Rural Ro	ute Number,	
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	TAL: Ident 2 = ER/Outpel OATE OF INJURY (Month, Day, Year) PLACE OF INJURY - building, etc. (Specif	28b. Till — At home, ferm y) dge, death occu	OTHER: 4 Nursing ME OF 28c. NJURY M 1 , street, factory, c	injury AT WORK? YES 2 [NO NO	8 Other 28d. DES4 28t. LOCA City of	(Specify) CRIBE HOW THON (Stree or Town, State	t and Number e) anner sa sta	r or Rural Ro		
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inps 27. MANNER OF DEATH Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFER Check only CERTIFYING PHYSICIAN: To the	TAL: Ident 2 = ER/Outpel OATE OF INJURY (Month, Day, Year) PLACE OF INJURY - building, etc. (Specif	28b. Till — At home, ferm y) dge, death occu	OTHER: 4 Nursing ME OF 28c. NJURY M 1 , street, factory, c	injury AT WORK? YES 2 [ffice	NO NO	8 Other 28d. DESt 28t. LOCA City of to the caustime, data	(Specify) CRIBE HOW THON (Stree or Town, State	and Number and sta	r or Flural Flo ted.		
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 28s. Natural 5 Pending 1 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the investigation on the investigation of the	TAL: Ident 2 = ER/Outpel OATE OF INJURY (Month, Day, Year) PLACE OF INJURY - building, etc. (Specif	28b. Till — At home, ferm y) dge, death occu	OTHER: 4 Nursing ME OF 28c. NJURY M 1 , street, factory, c	injury AT WORK? YES 2 [ffice	NO NO e, and due	8 Other 28d. DESt 28t. LOCA City of to the caustime, data	(Specify) CRIBE HOW THON (Stree or Town, State	and Number and sta	r or Flural Flo ted.	and menner as stated.	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Barokyno Braden

4.174

193000

Harriet Mr. C.

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and the same

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- nours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	r death. Page 6 may be retained by the hosp	le funeral director, page 5 should be detache al.	examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem IMPORTIANT: If item 28 is marked, or filem 23 shows any injury, or other traumatic event,	n 2+ nours after	ation, or remov	the medica
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physicibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other tra	e executed within	an and complete r to burial, crem	umatic event,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the de TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the a be filed within 72 hours after death with the State Dept. of Health and Meni IMPORTIANT: If Item 28 is marked, or Item 23 shows any Injury	ath certificate b	ttending physicial	, or other tra
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law required THE FUNERAL DIRECTOR: After this certificate has been so be filed within 72 hours after death with the State Dept. of HIMPORTANT: If them 28 is marked, or flow 23 show	res that the de	igned by the at	rs any injury
TO THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNDEAL DIRECTOR: After this certific be filed within 72 hours after death with the SI IMPORTANT: If Item 28 is marked, or it	The law requi	ate has been state Dept. of H	lem 23 show
TO THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: AND BE filed within 72 hours after de IMPORTANT; If 16em 28 is	4G PHYSICIAN:	ter this certificate with the Si	marked, or it
TO THE HOSPITAL TO THE FUNERAL BE filed within 72 IMPORTANT: II	OR ATTENDIP	DIRECTOR: At hours after de	item 28 is
	TO THE HOSPITAL	TO THE FUNERAL	IMPORTANT: II

RAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
NAME (First, Middle, Lest)		2. OATE OF DEATH MONTH DAY

	1 - STATE REGISTRAR	ATE OF MARYLAND	/ DEPARTME			MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Lest)		OLITIN IOA	IL OI	DEATH	2. OATE OF DEATH		3. TIME OF DEATH			
	Fannie Marie Lockne	r				MONTH 27	90	7:30 PM			
	4. SOCIAL SECURITY NUMBER 5. SE		lest birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. B	IRTHPLACE (State or Foreign			
	215-30-2463	M 2 🖫 55	YRS. MONT	HS DAYS	HOURS MIN.	(Month, Day, Year)		Maryland			
	9a. FACILITY NAME (If not institution, give street and		9b.	CITY, TOWN O	R LOCATION OF DE		9c. COUNTY				
5	1142 Carroll St.			Balto.							
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			Last more con-							
=			10c. CITY, TOY		ON			10d. INSIDE CITY LIMITS?			
- 11	Md.		Balt:	imore	ZIP CODE		1 YES 2 ☐ NO 10g. CITIZEN OF WHAT COUNTRY?				
Y Y							1				
FUNERAL	203 S. Monroe St.	AS DECEDENT EVER IN U.S.	ARMED		1223	IC ORIGIN? (Specify Yes		USA RACE — American Indian,			
	1 Never Merried 2 1 Merried FC	ORCES? 1 YES 2 YES, GIVE WAR OR DATES	NO		city Cuben, Mexicen	, Puerto Ricen, etc.)		Black, White, atc. Specify:			
2	3 Wildowed 4 Olvorced	The state of the s		1 🗀 165	and the opening.			white			
2	15. DECEDENT'S EDUCATION (Specify only highest grade complete	16a.	. DECEDENT'S USUA (Give kind of work d	one durina mos	N t of working	16b. KIND OF BU	SINESS/INDUSTI	RY			
	Elementery/Secondary (0-12) Colle	ge (1-4 or 5+)	life. Do NOT use retir	ed.)							
COMP	0		Homemak	er		Hor					
3	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melden	Surneme)				
N N	Samuel W	ebster				Sikes					
2	1,7,55					oute Number, City or Tow		b)			
	Dorothy M. Schlick	20b 81 4	I / Z J JTC			to., Md. 2	CATION — City	on Town State			
	20e. METHOD OF DISPOSITION 12 Burial 2 Cremetton 3 Removal fro 4 Donatton 5 Oner (Specify)										
21. SIGNATURE OF CONTRAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
Gary L. Kaufman Funeral Homes 5695 Main St., Elkridge, Md. 21227											
	23. PART I. Enter the diseases, or compil shock, or heert failure. List or	cetions that ceused the	death. Do not e								
	shock, or heert fallure. List or IMMEDIATE CAUSE (Final	nly one ceuse on each	lina.					Interval Between Onset and Death			
	disease or condition	OUE TO (OR AS A CON	I MON/A	RV	ARRA	FCT					
	resulting in death) s	OUE TO (OR AS A CON	SEQUENCE OF):	1-1	71100						
2	C b.	LUNG OUE TO (OR AS A COM	CANC	ER							
HIFICALION	if any, leading to immedieta	OUE TO (OR AS A CON	ISEOUENCE OF):								
2	CAUSE (Disease or injury	DUE TO (OR AS A CON	RECHENCE OF								
	that initiated events resulting in death) LAST	DOE TO (ON AS A CON	ISEOUENCE OF).								
	d										
AL	PART II. Other significent conditions con	iributing to deeth but n	ot resulting in th	a undariying	cause given in	Part I. 24s. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
						1 TES	. /	COMPLETION OF CAUSE OF DEATH?			
MEDIC							′	1 TYES 2 NO			
ž											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	OT	26. PL HER:	ACE OF DEATH (Che	ock only one)					
2	1 YES 2 NO 1 1	inpatient 2 - ER/Outpatien	8 3 DOA 4 D	Nursing Hom	-	6 Other (Specify)					
H	27. MANNER OF DEATH 1 Naturel 5 Pending	(Month, Day, Year)	26b, TIME OF INJURY		RK?	28d. DESCRIBE HOW	INJURY OCCURE	êD .			
B	2 Accident Investigation	On BLACK OF BUILDING		M 1 1							
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, atc. (Specify)	t nome, farm, street	, metery, ome		281. LOCATION (Street City or Town, State		ural Route Number,			
4	29e. CERTIFIER		2000 2010 70	2 Hessey			VIII (61-20-)				
2	(Check only one) 2 MEOICAL EXAMINER: On the							usedel and manner to stated			
			and involved and in the	my opinion, o							
2	296. SIGNATURE AND TITLE OF CERTIFIER	1 MI)		29c. LICENSE NUM	7 ()	29d. DATE SK	GNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH	(ITEM 27) (Time Print	1	V 38	160	1, 0	-1 10			
	Sharon 1	10 Corma		MD	22	2 5. 6	REENE	e sī.			
	31. DATE FILED (Month, Day, Year)	32, REGISTRAR'S SIGNATUR	RE					* * * * * * * * * * * * * * * * * * * *			
	MAY 02'90	Julia Davidson-D	Pandalle.								

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page		
ther this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sl		
funeral		
2	3	,
6	eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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31. DATE FILEO (MONN, Day, Year)
MAY 0 4 '90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Suite

32 MEGISTRAB'S SIGNATURE

205

11055

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	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT					YGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF				3. TIME OF DE	ATH
	James Lubinsk	i							монти	5	02	90	1:20	PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH		a DIRTUR	PLACE (State or	Foreign
	215 32 1839	18 M 2 - F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	Apri	1 15	,191	D Country	lary1an	d
	9a. FACILITY NAME (If not institution, give s				Dh CITY	TOWAL C	R LOCATIO	N OF DE				NTY OF DE		
œ							ott (AIN		96, 000			
0	. 3734 MacAlpine	Noau			15.1	·IIC	OLL C	JILY				Howa:	rd	
EC	10a. STATE 10b. COUNT	Υ		10c. CIT	TY, TOWN O	R LOCAT	ION						10d. INSIDE CI	TY
DIRECTOR	Maryland Howar	d. i			llico								LIMITS?	7 440
	100. STREET AND NUMBER			1.7.1	LIICO		ZIP CODE			-	10a CIT		HAT COUNTRY	
FUNERAL	3734 MacAlpine Ro	oad				1		.043			log. Gil	U.S		
5	11 MARITAL STATUS		T EVER IN U.S. AF						IIC ORIGIN? (S		or No-	14. RACE	- American In	dian,
	1 Never Married 2 X Married	FORCES?	MAR OR DATES X	NO			ecify Cubar 2 XNO	n, Maxica Specify	n, Puarto Rica	n, etc.)		Black, Specify	White, atc.	T 77
ВУ	3 Widowed 4 Divorced		A				" Mil	Operan	,.			Opecary		Whit
8	15. DECEDENT'S EDU		16a. DE	CEDENT'S	S USUAL OC	CUPATIO	DN .		16b. KII	ND OF BUS	INESS/IN	DUSTRY		
H	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5	. Iffe	. Do NOT u				g						
6			·	Self	emp1	oye	1			Rea:	L Est	ate		
COMPLETED	17. FATHER'S NAME (First, Middle, Leat)						16. MOTH	IER'S NA	ME (First, Midd	lla. Maiden	Sumame)	-		
Ö	Stanislaus Lubi	ineki					C		a Tasi	l 4-				
BE	19a. INFORMANT'S NAME (Type/Print)	LIISKI	10	b MARINI	C ADDRESS	/Ctmat			La Lec		Ctata 7	o Cordol		
2	Mrs Evelyn Lubir	1-4												
	20e. METHOD OF DISPOSITION	ISKI							Ellico					
	1X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE other pi	OF DISPO	Cres			natory or				Count	ty Md.	
	21. SIGNATURE OF FUNERAL SERVICE LI						ND ADDRES							
	> Harry 21.	1176	2		.Ha:	rry	H Wi	tzke	Fune	ral I	lome	INc		
					1 4	112	01d	Colt	mbia	Pike	E115	cott	City	
	23. PART I. Enter the diseases, or ehock, or heart feilure.	complications th	et caused the de	eeth. Do	not enter	the mo	de of dyl	ng, suc	h aa cerdied	or reap	ratory er	rest,	Approxi	mate Between
	IMMEDIATE CAUSE (Fine)				,	r								nd Death
	disease or condition resulting in deeth)	Lu	Lung cancer (adenocare							ha)		2 4	secks
	readiting in deeth)	DUE TO	OF AS A CONSE	OUENCE C	OF):									
7														
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate	DUE TO	OR AS A CONSE	OUENCE O	OF):								+	
AT	ceuse. Enter UNDERLYING													
F	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	OUENCE O	OF):								+	
E	resulting in death) LAST													
G		d											-	
7	PART II. Other eignificent condition			reaulting	in the un	derlyin	g ceuse g	given in	Part I. 24	a. WAS AN			WERE AUTOPSY	
3	Skeletal	metas to	eser							PERFOR			AMAILABLE PRIC	
									_ '	. 123	NO.		OF DEATH?	7.00
Σ													1 YES 2	NO
AN	25. WAS CASE REFERRED TO MEDICAL					00.0	100 00 00	E ATL 404					74 114	
PHYSICIAN: MEDICAL	EXAMINER? /	HOSPITAL:			OTHER	₹:	0/		eck only one)					
X	1 VES 2 NO		☐ ER/Outpatient :	-			1 -	sidence	8 Other (S					
F	27. MANNER OF DEATH		Day Year)	26b. TII	JURY	WC	URY AT ORK?		28d. DESCR	IBE HOW I	NJURY OC	CURED		
ВУ	2 Accident investigation		14		М		YES 2	NO						
ED	3 Suicide 8 Could not be	28e. PLACE building	OF INJURY — At he , etc. (Specify)	ome, farm,	atreet, fact	ory, offic	•		28f, LOCATI City or 1	ON (Street lown, State)		er or Rural Re	oute Number,	
TE	4 Homicide determined													
COMPLET	29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.													
M	(Check only one) 2 MEDICAL EXAMIN												and manner a	s stated.
	29b. SIGNATURE AND TITLE CERTIFIE													
BE	TOTAL COL	M					29c. LICE		WEEK	24		SI 2	(Month, Day, Ye	NF)

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2104 DHMH-16 Rev t/89

DHMH-18 Rev 1/89

FOR STATE REGISTRAR

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BALII	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with	FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral of
Ď	after d	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DING	After
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		REGISTRAR				VL	1711113	CAIL	<u> </u>	DLA	111		HEG. NO.				_
	,	MONTH DAY YEAR												3. TIME OF DEATH	Ī		
4		MARY LAON								,		MAY		1990		7:pm M	
		4. SOCIAL SECURITY NUMBER 217 09 8090		5. SEX	6. AGE ('in yrs. lest		IF UNDER	DAYS	HOURS	R 24 HRS.	1 2 1	BIRTH (ay. Alpay)		Country		
				1 M 2 XF	00)	YRS.		rassacii					achusetts	_		
@# /	~	90. FACILITY NAME (If not institu CALVERT MEMOF													NTY OF OE	EATH	
事を /	DIRECTOR	RESIDENCE OF DECE	_	10251 LAF				PRINCE FREDERICK, MD. CALVERT								_	
	E	10a. STATE 10	T	10c. CITY	, TOWN O	R LOC	ATION						10d. INSIDE CITY				
2	H	Maryland	by								LIMITS? 1 YES 2 NO						
permit.	A A	Maryland Calvert Lusby 100. STREET AND NUMBER 101. ZIP CODE										10g. CITIZEN OF WI				HAT COUNTRY?	-
150	FUNERAL	315 Overlook	Drive				20657 USA						USA				
physician. burial-transit	5	11. MARITAL STATUS		12. WAS OECEDEN' FORCES? 1	T EVER IN	U.S. ARM	IED					NC ORIGIN?		or No-	14. RACE Black	— American Indian, White, etc.	,04
	ВУ	1 Never Married 2 Ma 3 Widowed 4 Divorce		IF YES, GIVE W						S 2 NO						white	
attending ise as the	ED B		ENT'S EDUC	ATION	_	44- 050	EDENTIA I		OLIDAT.			1 405 1		0111500 (111		WILLOC	_
~ = =	ETE	(Specify only hi	ighest grade	completed)		(Giv	EDENT'S I te kind of w Do NOT use	ork done d		nost of world	ing	180, 7	INO OF BUS	SINESS/INI	DUSTRY		
76 mg €	7	Elementary/Secondary (0-12)	"	College (1-4 or 5+	.)	c1er	k						offic	e			
the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle	le, Last)			03.01				18. MOT	HER'S NA	ME (First, Mi					
3 E 2		Frank Cronin	1							Ma:	ry C	. Hic	сеу				
	BE	19e. INFORMANT'S NAME (Type	19b.	MAILING	ADDRESS	(Street	_	-	Route Numbe		n, State, Zi	p Code)					
- co =	2	William E. La	onhar	dt		31	5 Ov	erlo	ok	Dr.	Lusby	y, Ma	ry1an	d 20	0657		
> 6 1		20e, METHOD OF DISPOSITION		uml from State	200	other place		ITION (Nat	ne of c	emetery, cre	matory or		20c. LO	CATION -	City or To	wn, State	-
le 6 ma rector, p must		4 Donation 5 Other (Sc		vai iioiii suita	Fo	ort I	linco	ın C	eme	etery			Bre	ntwo	od Ma	ryland	
. Page ral dire	1	21. SIGNATURE OF FUNERAL S	SERVICE LIC	ENSEE				22. 1	NAME /	AND ADDRE	ESS OF FA	CILITY	ısch i	Fune	ral H	ome	
death. Pag tuneral di I. examiner		FINHOU	unc	-				44	05	Broo	mes					ublic, MD	
n by the removal.		23. PART i. Enter the dise	ases, or C	omplications that	t caused	d the dea	th. Do n	_								Approximate	-
		shock, or hear	rt fallure. I	lst only one cau									6-150			Interval Between Onset and Death	
= 5 €		IMMEDIATE CAUSE (Finel disease or condition		CE	DC	IC										and the same of th	
nted with completely fills ial. cremation.		disease or condition resulting in deeth) a. SEPSIS DUE TO (OR AS A CONSEQUENCE OF):											I Week	-			
executed and como burial.	z			DIV	ER	TICO	JL17	-15								Iweek	,
e be execut sician and c prior to burit traumatic	RTIFICATION	Sequentially list conditions, it any, leading to immediate couse. Enter UNDERLYING DEMENTIA													-		
ate b hysici prio	2	ceuse. Enter UNDERLYING CAUSE (Disease or injury															
certificate ding physi lygiene pri	E	that initiated events resulting in deeth) LAST		DUE TO	(OR AS A	CONSEO	UENCE OF	·):									
E 5 5	E E			1												<u> </u>	-
the di We		PART II. Other significant	condition	contributing to	deeth b	out not re	suiting i	n the un	derlyl	ing cause	given in	Part i.	14a. WAS AN		24b.	WERE AUTOPSY FINDINGS	-
that the ed by the and the and in	DICAL											PERFORMED? 1 YES 2 10 NO AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
ires sign lea lea	ME													/		1 TYES 2 NO	
law requast been Dept. of 23 sho																	
SICIAN: The law requirection certificate has been and the State Dept. of P. d., or Item 23 shor	SICIAN:	25. WAS CASE REFERRED TO R EXAMINER?	MEDICAL	HOODITAL						PLACE OF	DEATH (Ch	eck only one					
CIAN: intification be Sta	Sic	1 TYES 2 NO		HOSPITAL:	ER/Out	patient 3	□ DOA	OTHER		ome 5 🗆 R	lesidence	8 🗆 Other	(Specify)				
PHYSICIAN: this certifica with the St inked, or It	РНУ	27. MANNER OF OEATH	- 41	28e. DATE OF (Month, D			28b. TIMI INJ	URY	28c. II	NJURY AT WORK?		28d. DESC	RIBE HOW	INJURY O	CURED		
DING PHYS After this death with	BY	1 Natural 5 Pe 2 Accident Inv	restigation					М		YES 2	□ NO						_
ATTENDING ECTOR: After s after death	E		ould not be	28e. PLACE O building,	atc. (Spe	f — At hor clfy)	ne, farm, s	street, fact	ory, of	fice			TON (Street Town, State)		or Or Rural F	loute Number,	
OR ATTENDING DIRECTOR: After hours after death Item 28 Is ma	H																
AL DIRE	COMPLE	construction of the		CIAN: To the best of													
HOSPITAL FUNERAL WITHIN 72 TANT: IF	Ö	2 MEOICA	AL EXAMINE	R: On the beele of e	xeminatio	on end/or li	nvestigatio	n, In my o	pinion	, death occi	ured at the	time, date o	nd place, er	nd due to t	the cause(s) end manner es stated.	
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: If	BE	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER									29d. DA	TE SIGNED	(Month, Day, Year)				
5 5 3 W	9	Sun 18			7					03	696	7			5/2	0/90	
10		30. NAME AND ADDRESS OFF	THEN	MD. 118	SE OF DE	- GT	RVE n	Print)	RI) L	USB	y m	D 20	65)			1
	1	31. DATE FILED (Month, Day, Yes	9 199	32. DEGISTR													-
		MAI A	4 133	O I Sum	and and	01-1											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR 1 STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last) PERCY RE	io Mill	ER			2. DATE OF DEATH DAY	3 /19	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 215-16-4783										
90. FACILITY NAME (If not institution, give str 766 GREENE STRE			O. CITY, TOWN O	PR LOCATION OF DE	ATH	ALLE	11 141			
RESIDENCE OF DECEDENT 100. STATE MARYLAND ALLE			OWN OR LOCAT BERLANI				10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
100. STREET AND NUMBER 766 GREENE STRE	ET APT# 10)	101	21502		10g. CITIZE	N OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	It yea, sp	ENDENT OF HISPAN ecify Cuben, Mexice 2 X NO Specify	HC ORIGIN? (Specify Years, Puerto Ricen, etc.)	or No- 14	Black, White, stc. Specify: WHITE			
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo etired.)		186. KIND OF BUS					
	17. FATHER'S NAME (First, Middle, Last) JASPER MILLER				ME (First, Middle, Melden A HOOK		TIRES			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AE	DRESS (Street	and Number or Rural	Route Number, City or Town	o, Statu, Zip Co	ode)			
BARBARA FRIDINGER		11 COLUM	ABTA ST	REET CIN	BERLAND MA	RALVIVI	21502			
BARBARA FRIDINGER 11 COLUMBIA STREET CIMBERIAND MARYLAND 21502 20s. METHOD OF DISPOSITION 12 Burlel 2 Cremetion 3 Removal trom State 4 Donation 5 Other (Specify) REST LAWN CEMETERY 11 COLUMBIA STREET CIMBERIAND MARYLAND 20c. LOCATION — City or Town, State other place)										
21. SIGNATURE OF FUNERAL SERVICE UC		/	SILCO	ND ADDRESS OF FA	CLITY T FUNERAL TREET CLIMB	HOME				
shock, Dr heert fellure. List only one ceuse Dn each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentisity liet conditione, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST List only one ceuse Dn each line. Interval Between Onset end Death PLAST CIPRO DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significant conditions	s contributing to deeth bu	it not resulting in	the underlyin	g ceuse given in	Pert I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERREO TO MEDICAL 26, PLACE OF DEATH (Check only one)									
EXAMINER?	HOSPITAL:		THER:	46	6 Other (Specify)					
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c, IN.	JURY AT ORK?	28d. DESCRIBE HOW I	NJURY OCCU	RED			
2 Accident trreatigation 3 Suicide 6 Could not be determined	— At home, ferm, atre	At home, ferm, atreet, factory, office 26f. LOC			LOCATION (Street and Number or Rural Route Number, City or Town, State)					
onel only	CIAN: To the best of my knowle R: On the best of examination						i. cause(e) end manner as stated.			
296. SIGNATURE AND TITLE OF CERTIFIER	leys- N	Di depo	ity Me	29c. LICENSE NU	MBER 3/6	29d. DATE	SIGNED (Month, Day, Year) 5-23-90			
30. NAME AND ADDRESS OF PERSON WHO	CO Rev.	05 90	O Se	ton Dr	, Cumb	eyla	ud Md. 213			
MAY 2 5 1990	32 REGISTRAR'S SIGNA	Andies .								



	thin after death. Page 6 may be retained by the hosp	itely filled in by the funeral director, page 5 should be detached	mation, or removal.	it, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the attent death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
•	-)		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART!			MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF OEATH					
	Naomi	L!	McKenzie			May 21,	5:30 p _M				
	4. SOCIAL SECURITY NUMBER			By) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH MONTHS DAYS HOURS MIN. (Month, Day, Year)				IRTHPLACE (State or Foreign punitry)			
	220-30-8133	1 🗌 M 2 💢 F	81 YRS.			Feb. 4, 1909					
_	9a. FACILITY NAME (If not institution, give st	reet and number)	1		R LOCATION OF DE	ATH	9c. COUNTY C				
0	Memorial Hospita	1		Cumber]	and .		Alleg	any			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY			
8	Md Alle	gany	Long	coning				LIMITS?			
A.	10e. STREET AND NUMBER	Sarry	LOUA		ZIP CODE	1	10g. CITIZEN (OF WHAT COUNTRY?			
FUNERAL	5 West Main	St.		2	1539	1		LISA			
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES				IC ORIGIN? (Specify Yee n, Puerto Rican, etc.)	or No— 14. F	RACE — American Indian, Black, White, etc.			
ВУ Р	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			2 NO Specify			Specify:White			
	15. DECEDENT'S EOUG	CATION	16a. DECEOENT'S US	I OCCUPATIO	M	16b. KIND OF BUS					
	(Specify only highest grade	completed)		k done during mo		ISB. KIND OF BOS	114233711420317	"			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	omemaker			Но	me				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Melden S	Sumame)				
BE C	John Broadwater				Isa	belle Kno	X				
TO B	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or Town		,)			
F	Ervin Wm. Mc Ken	zie	5 West	Main S	t., Lona	coning,Md.	21539)			
	20a. METHOD OF DISPOSITION 1. Burial 2 Cremation 3 Remo	oval trom State	place of disposit other place) rostburg		1-1		CATION — City of				
	4 Donation 5 Other (Specify)	Md.									
	21. SHIGHATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY Lonaconing Md. 2153 Eichhorn-McKenzie Funeral Home										
	poss Estile	Q		E1.	chhorn-M	ckenžie Fu	nerall	lome			
	23. PART Enter the diseases, or o	complications that caused Liet only one ceuse on ee		t anter the mo	da of dying, auci	h as cardiac or respi	ratory arrest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final	- A	_					Onset and Death			
	disease or condition resulting in death)	· acute	MI								
ľ	- 0	DUE TO (OR AS A CONSEQUENCE OF):									
O	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):										
F	If any, leading to immediate ceuse. Enter UNDERLYING										
빌	CAUSE (Disease or Injury that initieted events	OUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	reaulting in daeth) LAST	d									
Ö	PART II. Other algoliticent condition	e contributing to death be	ut not recuiting in	the underlyin	n ceuse alven in	Part I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS			
CAL		stoke			g could given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ED		2007				1 TYES 2	NO NO	OF DEATH?			
Σ						—	1	1 TES 2 NO			
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL			28. PI	ACE OF DEATH (Ch	eck only one)					
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:		5 ☐ Other (Specify)					
Η̈́	27. MANNER OF OEATH	28a. DATE OF INJURY	28b, TIME	OF 28c, IN,	URY AT	28d. DESCRIBE HOW II	NJURY OCCURE	:D			
ВУ Р	1 Natural 5 Pending	(Month, Day, Year)	INJUI		YES 2 NO						
	2 Accident investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, str	eet, factory, offic	•	26t. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,			
	4 Homicide determined										
PLE	29e. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my knowl	edge, death occurred	at the time, date	and place, and dua	to the cause(s) and man	ner se stated.				
COMPLETED	ann)	use(a) and manner as steted.									
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUI	MBER	29d. DATE SIG	GNED (Month, Day, Year)			
8	KM	zruk_			D28910		13	122/90			
٩	30. NAME AND ADDRESS OF PERSON WH	A :	ATH (ITEM 27) (Type, F		1.1	1 11					
1	Dr. Merrick			ve, Lu	mballand	Md.	2150	ا در			
	31. MAY 2 4 1990 3	32. REGISTRAD'S SIGN	ATURE		/						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction page 5 should be detached for use as the burial-transit is be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

											90]	4984
	1 - FOR STATE REGISTRAR	ATE OF M					EALTH AN DEATH		NTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)								DATE OF DEATH			3. TIME	E OF DEATH
	Nellie Dorthi	a Mal	one						MONTH	DAY	YEAR		10 mm M
	4. SOCIAL SECURITY NUMBER 5. SI	15	B. AGE (In vrs. last	A Lab at 5					05	21	90		:10 PM M
		140	B. MGE (III YTS. IBST		IF UNDER 1	DAYS	IF UNDER 24 HI	_	DATE OF BIRTH (Month, Day, Year)		S. BIHII	MAL T	State or Foreign /irginia
- 8	218602011	M 2 📉 F	82	YRS.					03 11	1908	Wes	36 1	TLETHTE
	9a. FACILITY NAME (If not institution, give street ar	nd number)			9b. CITY, T	OWN O	R LOCATION C	OF DEATH	4	9c. COL	JNTY OF E	PEATH	
Œ	GAGRED HEADE HOOR	T 673 A T			arn,		Y 4 3 7 D			1 ,,	TEC	3777	
6	SACRED HEART HOSP	L'I'AL.			L CUM	BER	LAND			I Al	LLEGA	ANY	
E	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATI	ON					10d, IN	SIDE CITY MITS?
DIRECTOR	West Virg. Minera	1		For	rt As	hb	V						ES 2 NO
	10e. STREET AND NUMBER					-	ZIP CODE			10a CD	TIZEN OF		
¥	P.O. Box 406						26719			10.00		-03	ONTRIT
FUNERAL						4	20/19				US	A	
5	The state of the s		EVER IN U.S. ARI						ORIGIN? (Specify Puerto Rican, atc.)	Yes or No-	14. RAC	E — Ame	rican Indian,
	1 Maket William 5 Welliam	F YES, GIVE WA					2 NO S		derio mosti, atc.)		Spec	Mari	
ВУ	3 Widowed 4 Divorced											WE	nite
	15. DECEDENT'S EDUCATION (Specify only highest grade complete)	N.	16a. DEC	EDENT'S	USUAL OCC	UPATIO	N		16b. KIND OF	BUSINESS/IN	DUSTRY		
E		erea) lege (1-4 or 5 +)	/ife	ne land of Do NOT u	work done du se retired.)	ring mos	it of working						
7				Hor	asewi	fe			1 1	ones	tie		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			220	XD 0 W 2		40 140714501	C NAME	(First, Middle, Maid		02.0		
8									Baldwi				
BE													
2	19a. INFORMANT'S NAME (Type/Print)								te Number, City or				
-	Patricia A. Ford				P.O. Box F Corriganville, MD 21524						+		
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Removal from State other			lan			netery, cremetor	,					la
	4 Donation 5 Other (Specify)	rom state	Fort	Asl	aby C	em	etery	-	Fo	rt A	shby	W.	VA.
	21. SIGNATURE OF FUND AL SERVICE LICENSE	Ε , ,	1				D ADDRESS C						
	a something	\mathcal{L}	100		He	fe:	r Cha	pel	Of Th	e Hi	lls	Mon	rtuary
	Languas is	. 1	The state of the s		13	502	Nati	ons	1 Hwy	LaVa	le.	MD	21502
	23. PART 1. Enter the diseases, or comp shock, or heart fellure. List of				not enter ti	he mo	de of dying,	euch e	s cardlec or re	epiratory a	rrest,		Approximate nterval Between
	IMMEDIATE CAUSE (Final		1				0				Onset and Death		
	disease or condition	popular appent											
	resulting in death) DUE TO (OR AS A CONSEQUENCE OF)												
	a. t. at my 12.												
O	Sequentially liet conditions, h. Wille Griffing Space of the Conditions of the Condi												
Ě	if eny, leeding to immediate												
2	cause. Enter UNDERLYING CAUSE (Disease or injury	Com	seem	ul	- 11	ea	n/ s	He	ulin	_	-		
4	that initiated evente	DUE TO	OR AS A CONSEC	HENCE O	20		0	1	1-1			- 4	
CERTIFICATION	resulting in death) LAST	Cerel	mola	24	u		aca	rdi	n				
2	PART II Other desidence and distance	4-44 - 41 - 4 -	- / /-	to file									
AL	PART II. Other significant conditions co	ntributing to	Seath but not n	sulting	in the und		cause give	n in Pa		AN AUTOPS'	24	AVAILA	AUTOPSY FINDINGS BLE PRIOR TO
MEDICAL	Christio alequalis	14	genoculi	Men	1.12	Der	mala	1	1 YES	2 NO		OF DE	ATH?
Ä	Channa - oli	Tuck	- 0	in s	de	50	mar					1 🗆 1	ES 2 NO
-	77.7		011.1	1	cer				_		- 1		
A	25. WAS CASE REFERRED TO MEDICAL	CILA		>/		26 PI	ACE OF DEAT	'H (Check	ont one)				
$\overline{\circ}$	EXAMINER?	SPITAL:			OTHER:	:							
ΥS	1 VES 2 VINO	-	ER/Outpetient 3						Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, De		28b. TII	JURY	28c. INJ WO	URY AT	21	ed. DESCRIBE HO	W INJURY O	CCURED		
В	Natural 5 Pending Accident Investigation				M	1 🗌 1	rES 2 N	0					
	3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At ho	me, farm,	street, factor	ry, office	•	2	8f. LOCATION (Str. City or Town, St	eet and Numb	er or Rural	Flourte No	umber,
TE	4 Homicide determined	sanding,	(opoury)						ony or rown, Si				
Щ	29e. CERTIFIER					-							
0	(Check only 1 CERTIFYING PHYSICIAN:	10 the best of	my knowledge, de	ath occur									
	one)												
Ö	MEDICAL EXAMINER: On	the basis of ax	amination and/or i	investigati	on, in my op	inion, d	eath occured	at the fire	ne, date and place	, and due to	the cause	(e) end n	nanner as stated.
E COMPLETED	29b. SIGNATURE AND TITLE OF CERTIFIER	the basis of ax	amination and/or i	nvestigati	on, in my op	inlon, d	eath occured			_			Pay, Year)

PLETED CAUSE OF DEATH (ITEM 27) (Typ.

31. DATE FILED (Month,

32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an area after death. Page 6 may be retained by the hos	5 should		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		CATE OF DEALT		TAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)		Marana	1	Me	ATE OF DEATH		3. TIME OF DEATH			
	Jessie 4. social security number	5. SEX 6. AGE (In	Merri		ED 24 MDS 7 D	ATE OF BIRTH	199	BIRTHPLACE (State or Foreign			
	11 1 1 1 1 1 1 1 1 1	1 🗆 M 2 🗹 F 8	O YRS.	IONTHS DAYS HOURS		forth, Day, Year)	03	(AD			
Œ	9a. FACILITY NAME (# not institution, give street Memorial Hosp			Baston	TION OF DEATH		9c. COUNTY Tal	of DEATH			
2	RESIDENCE OF DECEDENT		400 CITY	TOWN OR LOCATION	1			10d. INSIDE CITY			
DIRECTOR		ROLIN	ED	ENTON				LIMITS?			
	100. STREET AND NUMBER 24 M TLAST.	TH :	2	10f. ZIP CO) 79		10g. CITIZEN	OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 TYES	U.S. ARMED	13. WAS DECENDENT			or No- 14.	RACE — American Indian, Black, White, atc.			
BYF	1 Never Married 2 Married 3 Widowed 4 Ovorced	IF YES, GIVE WAR OR DA		1 YES 2 A	ban, Maxican, Pue O Specify:	ino ricun, etc.)		Specify: WHITE			
E	15. DECEDENT'S EOUCA (Specify only highest grade co	TION ompleted)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	irk done during most of wo	rking	16b. KINO OF BUS					
PLET	H. S. GRAD.	College (1-4 or 5+)		EMAKEL	2		Hon	LE			
COMPL	17. FATHER'S NAME (First, Middle, Last)	STIN	Sanl	18. MC	AT H	AR LI	Syrnamo)	HOFFMAN			
O BE	19a. INFORMANT'S NAME (Type/Print)	- 1	-	ADDRESS (Street and Num		4-71	n, State, Zip Coo	(se)			
٦	20a. METHOD OF DISPOSITION	IN SON 120h	PLACE OF DISPOSI	70 17.00	remetory or		CATION - City	or Town, State			
	1 Donation 5 Other (Specify)		STERNSI	WEE CREMI	Toeiu	n GEOR	LETou	W, DEb.			
	21. SION APORE OF TUNERAL SERVICE LICE	ASSET NO.		MANO ADO	RESS OF FACILITY		DEN	DIN NO			
-	23. PART I, Enter the diseases, or co	molications that caused	the death. Do no	ot antar the mode of			ratory arrest	Approximate			
	ahock, or haart feilure. Li IMMEDIATE CAUSE (Finel							interval Between Onset and Death			
	disease or condition resulting in death)	DUE TO (OR AS A	Myo	Carlin	M	critica	1	24 hors			
z	6.	00E 10 (011 A3 A	CONSECUENCE OF)					
ATIC	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	:							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF	*							
CER	d.					<u> </u>					
CAL	PART II. Other algnificant conditions	contributing to death be		the underlying caus	e given in Part	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDIC		7.70000				1 TYES 2	X NO	OF DEATH?			
AN:	25. WAS CASE REFERRED TO MEDICAL			04 Pt 405 O	- 0547U (C)						
PHYSICIAN:	EXAMINER?	HOSPITAL:	atient 3 🗆 DOA	OTHER: 4 Nursing Home 5	Realdence 8 [
	27. MANNER OF DEATH 1. Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY AT WORK? M 1 YES		DESCRIBE HOW I	NJURY OCCUR	EO			
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, farm, si	1 1 120		LOCATION (Street a	and Number or	Rural Route Number,			
ETE	4 Homicide detarmined detarmined detarmined										
BE COMPLETED	(Check only 1 A CEPHIFTING PHYSIC	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner as stated.									
EC	216. SIGNATURE AND TITLE OF CERTIFIER	00	Λ1.1	299,1	ICENSE NUMBER	9	29d. DATE S	IONED (Month, Day, Year)			
φ Ε	30. HAME AND ADDITIONS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type.	Print)	2/2	FOI	5	-11-90			
1											
	31. DATE FILEO (Month, Day, Year) MAY 1 4 '90	32. REGISTRAR'S SIGN	widson-Rang	lopo.							
	MAY 1 4 911	1 - 0	~ Indo and					DHMH-18 Rev 1/89			

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within with the four death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	SUUS	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT OF I	TEALTH AND	MENTAL	HYGIENI REG. NO.	E		1 1000	
	1. DECEDENT'S NAME (First, Middle, Last) COT	a	I	æe	Min	ner	2. DATE O MONTH 5-9	F DEATH DA	Y YE	AR	IME OF DEATH .:37AM M	
	4. SOCIAL SECURITY NUMBER 219-78-3999	5. SEX 1 M 2 XF	6. AGE (in yrs. les	l birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE Of (Month)	F BIRTH Day, Year) - 26-6	6	Country	CE (State or Foreign	
DH O	96. FACILITY NAME (If not institution, give sto Easton Memorial		l (in ro	oute)		OR LOCATION OF D	EATH		9c. COUNTY Talbo			
DIRECTOR	100. STATE 10b. COUNTY MD Tailor	ot			r, TOWN OR LOCA	TION				10d	. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	10e. BTREET AND NUMBER				10	1. ZIP COOE 21625			10g. CITIZEN		COUNTRY?	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	MED NO	If yes, sp	CENDENT OF HISPA hecity Cuben, Mexico 3 2 NO Speci	en, Puerto Ri		or No- 14.	RACE / Black, Wh Specify: Whi	American Indien, lite, atc.	
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +) (G	CEDENT'S ive kind of v . Do NOT us Waith	USUAL OCCUPATION or done during more retired.)	ON ost of working	11.00		le Dip		taurant	
BE COM								Minn	er			
5	190. INFORMANT'S NAME (Type/Print) Carole Hignutt					ydel, Ml			n, State, Zip Co	de)		
	20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Removal trom State 4 Donation 5 Other (Specify)				Greensboro Cemetery					20c. LOCATION — City or Town, Blate Greensboro Cm		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Ter	9		22. NAME A	ND ADDRESS OF FA	nbein	reensl Fn F	ooro, Im, PC	MD :	21639 160	
	23. PART i. Enter the diseases, or c shock, or haart fallure. I IMMEDIATE CAUSE (Final	omplications that List only one cau	depsed the de se on each line	eth. Do r	ot antar tha me	oda of dying, su	ch as cardi	ac or respi	ratory srrest	i,	Approximats interval Between Onset and Death	
	disease or condition resulting in death)	Multiple injuries DUE TO (OR AS A CONSEQUENCE OF):						_				
CERTIFICATION	Sequentially list conditions, if sny, laading to immediate cause. Enter UNDERLYING											
ERTIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	ም)፡							
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the undarlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼ ▼						RMED?	COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? XES 2 \(\) NO			
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XXXXX 2 NO	HOSPITAL:		B 🗆 DOA	OTHER	PLACE OF OEATH (C			On rou	te to	o hospita.	
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending Accident Investigation	5 <u>(Manth, 8</u>	5-9-90 Year) 12:47AM 1 ves 2 XXvo Drive							ixed	object	
	3 Suicide 8 Could not be 4 Hornicide determined	28e. PLACE O building,	F INJURY — At he etc. (Specify)	ROS	street, factory, offi ad	ce	Rt.	4047A	lt 404	,Tall	oot County	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	CIAN: To the beat of R: On the basis of a						e(s) end me			d manner as stated.	
TO BE C	29b. SGNATURE AND TITLE OF SENTIFIES	Yhell				29c. LICENSE NU				1GNED (MO	90	
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF OEATH (ITE	M 27) (Type	Print)							

HO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

32 REGISTRAN'S SIGNATURE
Julia Davidson-Randelle

Korell,MD

Margarita A.

31. DATE FILEO (Month, Day, Year) MAY 15 '90

DHMH-18 Rev 1/89

VC

111 Penn Street, Baltimore, MD21201

DIVISION OF VITAL RECORDS, P.O. BOX 13148, BALLIMORE, MARTLAND 21203-3148	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within its mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit is befilled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	atic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MAR					EALTH AI		ENTAL HYGIEN	_		
	1. DECEDENT'S NAME (First, Middle, Lest) M1LDRED Co	HEN n	NILL	AR	D				2. DATE OF DEATH MONTH	7	90	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578-30-2435	5. SEX 1 M 2 F	AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 Y	'EAR MYS	HOURS N	MN.	7. DATE OF BIRTH (Month, Day, Year) JAN. 7, 1	907	Count	HPLACE (State or Foreign rry) RYLAND
ECTOR	96. FACILITY NAME (If not institution, give st HOLY CROSS	reet and number) HOSPITAL			9b. CITY, TO		R LOCATION SILVER	OF DEA	ТН	9c. CO	MONT	GOMERY
DIRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND MONT	CGOMERY		10c. CIT	TAKON		ON PARK					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 7702 BLAIR ROAI 11. MARITAL STATUS), APT. #10		MED	13. WA			912	C ORIGIN? (Specify Ye	1.5		WHAT COUNTRY? USA E — American Indian.
₽	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 []	YES 2 XN	10	H y	ea, spe	olfy Cuban, N 2 X NO	Aexican,	Puarto Rican, etc.)	0.110	Spec	ck, White, etc.
once.	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Gi We.						16b. KIND OF BU	SINESS/IP	IDUSTRY	
medical examiner must be notified at once. TO BE COM	17. FATHER'S NAME (First, Middle, Lest) GEORGE GREENF	ELD					EST	CHER		PF	RYOR	
TO T	PHYLLIS CAPELLMA	AN (DAUGHT)	ER) 1	2413	FLACE	C S	TREET,	WE	IEATON, MA			20906
must b	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo		other pla	ICO)	SHING	CON	cetery, cremato	ERY	ADE			RYLAND
examine	21. SIGNATURE OF ELIMERAL SERVICE LIC	Sme	H		FRAI	VCI:	S J. (IVERSI	COLI	INS FUNER	RAL H	HOME,	INC. P., MD 2090
nt, the medical	23. PART I. Enter the diseases, or cannot shock, or heert feilure. **MMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one couse of Cardi	on each ilne									Approximate interval Between Onset and Death
or other traumatic event, the ERTIFICATION	Sequentially liet conditions, if sny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST	Statu pue to (OR	AS A CONSEC AS A CONSEC			al	" Sou	ngl	ia + ce	Id	Var	Onset and Deeth
MEDICAL C	PART II. Other significent condition	s contributing to dea	eth but not r	eaulting	n the und	erlying	ceuse give	en in F	Part I. 24e. WAS AF PERFO 1 YES	RMED?	Y 24	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	VOutpetlant 3	□ DOA	OTHER:		ACE OF DEAT		ck only one) Other (Specify)		1	
is marked, or D BY PHY	27. MANNER OF DEATH 1. Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Day,)	fear)		M		RK? 'ES 2 🗌 N	10	28d. OEŞCRIBE HOW			
E 138	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF IN building, atc.	(Specify)	me, ferm, :	itreet, factor	y, office			281. LOCATION (Street City or Town, State		er or Rural	Route Number,
ANT: If Item 2 COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI one) 2 MEDICAL EXAMINE	CIAN: To the best of my R: On the bests of exami										(a) and manner so stated.

29a. CERTIFIER

//Check aniv

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 🔲 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the ca 296. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year) 16/90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

84

31. DATE FILED (Mohin, Dal Year) 32. REGISTRAR'S SIGNATURE

Mia Savidon Bandole

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within making after death. Page 6 may be retained by the hospitate that the property of the prospective of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely (filled in by the funeral director, page 5 should be detached any manipulation of named and within 70 hours after death with the State Dent, of Health and Mental Houlese prior to build, cremation, or named.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH		TAL HYGIENE REG. NO.	30	14300
	1. DECEDENT'S NAME (First, Middle, Last)		RUTH MOYER		2. 0	ATE OF OEATH	1 Q XEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (iii	1 100	UNDER 1 YEAR IF UNDER		5/2/ ATE OF BIRTH Aonth, Day, Year)	Country	
	232-05-6680 9a. FACILITY NAME (If not institution, give			CITY_TOWN OR LOCAT	ON OF DEATH	2/1/16	PENN c. COUNTY OF OE	SYLVANIA ATH
HOL	FOX Chase K	ehab & Nur	sing Come	P. SILVER	SPRING	<u> </u>	Mon	toomery
DIRECTOR	10a, STATE 10b. COUN			OWN OR LOCATION				10d. INSIDE CITY LIMITS?
	MARYLAND MO 100. STREET AND NUMBER	NTGOMERY	1 2117	VER SPRING 10f. ZIP COD	30	10	0g. CITIZEN OF WI	
FUNERAL	1314 DALE DRIVE	12. WAS DECEDENT EVER IN		13. WAS DECENDENT				— American Indian,
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, specify Cubing 1 ☐ YES 2 ▼ NO		orto Rican, atc.)	Spec#)	White, etc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during most of work	ing	16b. KIND OF BUSINE	ESS/INDUSTRY	
MPL	17. FATHER'S NAME (First, Middle, Last)	4	TEACHER	PA Iron				
E CC		TRIMER		AD/		irst, Middle, Melden Sun IEL MERR		
TO B	19a. INFORMANT'S NAME (Type/Print)			ORESS (Street and Number		Number, City or Town, S	State, Zip Code)	
	BARBARA M. FAIGI	100		ALE DRIVE ON (Name of cemetery, cre			IARYLAND TION — City or Tow	20910
	1V Burial 2 Cremation 3 Red 4 Donation 8 Other (Specify)	moval from Stata AR	other place)	ATIONAL CE	METERY	ARLIN	IGTON, V	
	21. SIGNATURE OF PUNERAL SERVICE L	CENSEX		FRANCIS J			L HOME,	INC.
- 4	23. PART i. Enter the disessea, or	complications that caused	the death Do not					MD. 20901
		. List only one cause on ea				-11-11-11-11-11-1	ory urreat,	Interval Between Onset and Death
	disesse or condition resulting in death)	a. AG	CONSEQUENCE OF):	when A	120m	UNIA		2 DMS
Z		el.	www.	uler 1	Leu	elet		< home
ATIO	Sequentisity list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS A	CONSEQUENCE OF):					
CER		d						
SA S	PART II. Other significant condition	ons contributing to death be	of not resulting in the	ha undarlying cause	given in Part	PERFORME	0?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
PHYSICIAN: MEDIC		UNDINS A			LUTIS	1 🗆 YES 2 🖳	HNO	OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF	OEATH (Check or	nly one)		
rsic	1 YES 2 DAG	HOSPITAL: 1 Inpetiant 2 ER/Outp		THER: Intursing Home 5 - F				
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	WORK?	NO	OESCRIBE HOW INJU	JRY OCCURED	
	3 Suicide 8 Could not b	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, streetly)	rt, factory, offica	281.	LOCATION (Street and City or Town, State)	Number or Rural R	oute Number,
COMPLETED	ann)	SICIAN: To the best of my knowl						and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFI	er MO		29c. LIC	CENSE NUMBER	2	9d. DATE SIGNED	(Month, Pay, Year)
2	20. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF DE	44(C)	m) FAST 1	11127	awy	BUTTLE	20814 SOM Mel
	31. DATE FILED (Month, Day, Year) MAY 23 90	32. REGISTRAR'S SIGN.	ATURE COM-Mandall	0	<u> </u>	- ((

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the medical examiner must be notifled at once.

Within	plete	ent,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremin	IMPORTANT: If Item 28 Is marked, or item 23 shows any Injury, or other traumatic event,
execu	and c	nati
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certif	Jing	=
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- 5	REGISTRAR		C	ERTIF	ICATE C	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH		- 25	3. TIME OF DEATH
	Ravenell A. Monro	ed					Max		v 1990	YEAR	5:15 P.M
	4. SOCIAL SECURITY NUMBER	S. SEX	S. AGE (In yrs. ie	st birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE	OF BIRTH	1990		IPLACE (State or Foreign
	219-36-7679	1 🗆 M 2 💢 F	90	YRS.	MONTHS DA	S HOURS MIN.	Feb	h, Day, Year) • 22,	1900	Count	
	9e. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TO	WN OR LOCATION OF	DEATH		9c. COU	TY OF D	DEATH
DIRECTOR	Wilson Health Ca:	re Center			Gait	hersburg			Мс	ntg	omery
EC	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LO	CATION			-		10d. INSIDE CITY
F		tgomery			Gaith	ersburg					1 X YES 2 NO
M	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?
<u>E</u>	211 Russell Av	enue				2087	7		Unit	ed	States
BY FUNERAL	11. MARITAL STATUS 1 Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W		RMED NO	If yes	DECENDENT OF HISP, , specify Cuben, Mexic YES 2XXNO Spec	en, Puerto		or No-	14. RACI Blac Spec	E — American Indian, k, White, etc. ity: White
	15, DECEDENT'S EDU	CATION	100.0	ECEDENTIA	1	******	1 401	VIII 05 011	[Murce
COMPLETED	(Specify only highest grade Elementary/Secondery (0-12)			Give kind of vie. Do NOT us	VSUAL OCCUI vork done during se retired.)	most of working	Mo		ery (Coun	ty Public
AP.		4		eache	er		:	School	Syst	em	
g	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	IAME (First, I	Middle, Maiden	Sumame)		
BE	John M. Monred					Magg	ie Da	vis			
5	19e. INFORMANT'S NAME (Type/Print)	······································			,	eet end Number or Rura		.,,	,		
-	Ruth L. Barnes					Ave.#109		thersb	urg,	MD	20877
	20a, METHOD OF DISPOSITION 1 B Buriel 2 Cremetion 3 Rem	oval from State	20b. PLACI	E OF DISPOS	SITION (Name of	cemetery, crematory of		20c. LO	CATION —	City or To	own, State
	4 Donetion 5 Other (Specify)				ak Ceme			Gai	thers	bur	g, MD
	21. SIGNATURE OF FUNERAL SERVICE LI	tana	мс	00198	Robe 300	ert A. Pur West Mon	nphre	y Fune ery Av	ral H	lome,	/Rockville,
	23. PART I. Enter the diseeses, pr			leeth. Do r							Approximete
	ahock, or haart fallure.	Liat only one cau	se on aach lin	ia.		mbea bi cying, se		and by reop	ration y on	 ,	Intarval Between Onsat and Death
- 1	IMMEDIATE CAUSE (Final disease or condition	Hyr	ortone	1770 C	ardi ou	ascular D					1000
1	reculting in death)	41.	(OR AS A CONS			ascurat D	Iseas	е			10 Years
_			•		,						İ
CERTIFICATION	Sequentially list conditions, if any, landing to immediate	DUE TO	(OR AS A CONS	EOUENCE O	F):						
8	cause. Entar UNDERLYING CAUSE (Diseesa or injury	C									
E	that initiated evente	DUE TO	(OR AS A CONS	EOUENCE O	F):						
ER	resulting in daeth) LAST	d									
2	PART II. Other algnificant condition	ne contributing to	daath but not	recultino	in the under	ying ceusa given i	n Part I.	24a, WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDINGS
EDICAL						, B B. (2)		PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	*						—	1 TYES 2	ХХио		OF DEATH?
Σ										1	1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					8. PLACE OF DEATH (Shook and a	201			
PHYSICIAN:	EXAMINER?	HOSPITAL:	1 EDIO-M	2 (152)	OTHER:						
Ϋ́	27. MANNER OF DEATH	28e. DATE OF		3 LI DOA		Home 5 Reeldence	_	r (Specify)	NJURY OC	CUBED	
	1X Natural 5 Pending	(Month, D		IN.	URY	WORK?	200. DE	SCHIBE HOW I	NOON! OC	CONED	Ì
B	2 Accident Investigation 3 Suicide Could not be	28e. PLACE O	F INJURY — Af I	nome, ferm.			28f. LOC	ATION (Street a	and Number	or Rural	Route Number
COMPLETED	4 Homicide S Could not be	building,	etc. (Specify)	The state of			City	or Town, State)	- 112/11/00/	2 mar salf	
<u>"</u>	29e. CERTIFIER (Check only	ICIAN: To the hard of	my knowledge o	feeth coour	ad at the time	deta and place and d		(2) and ma			
M											s) and menner ee stated,
	29b. SIGNATURE AND TITLE OF CERTIFIE	//		1	7			- Franci di			
H	290. SIGNATURE AND TITLE OF CERTIFIE	10/2	11001	W		29c. LICENSE N	UMBER	511	29d, DAT	E SIGNE	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CALL	SP OF DEATH OF	EM 273 /5-	Print!	1111	170	T	5	11	a 170
.	Henry C. Scruggs					#2060 Box	·hoca-	Mari	v1 ~ ~ -	1 200	01/
	31, DATE FILED (Month, Day, Year)					#200C Bet	nesda	a, Mar	утало	208	214
	Jo' C C VAM	La Car	A'S SIGNATURE	, m.	1.00						



DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a mours after death. Page 6 may be retained by the hospital of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completally filled in by the tuneral director, page 5 should be detached for		MADORTANT: if them 28 is marked or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
Last)		2. DATE OF DEATH

FOR STATE REGISTRAR		STATE OF MARYL	AND / DEPARTI			MENTAL	HYGIENE REG. NO.	1	-	1499
1. DECEDENT'S NAME (First	, Middle, Last)	Mc	9NOR			2. DATE MONTH	OF DEATH	, de	AR O	TIME OF DEATH
4. SOCIAL SECURITY NUME	DER 5		in ys. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPL	ACE (State or Foreign
470 46 390		□ M 2 🖵 F 9	2 YRS.	DAYS DAYS	HOURS MIN.	Aug	. 22,1	897		nn.
90. FACILITY NAME (# not in Calvert Courses)	nty Nur				e Freder			oc. COUNTY		гн
10a. STATE	10b. COUNTY	-	10c. CITY, 1	TOWN OR LOCAT	TION				10	Dd. INSIDE CITY
Maryland		vert	Hunt	ingtowr	ZIP CODE		Т	40 01777		YES 2 NO
1850 Wils				101	20639			US		AT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Dive	Merried 1	2. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 - NO	if yes, sp	ENDENT OF HISPA ecity Cuben, Mexico 2 NO Specia	an, Puerto F			RACE -	American Indien, White, atc.
(Specify onl	EDENT'S EDUCAT	mpleted)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	k done durina ma	ON ast of working	16b.	KIND OF BUSI	NESS/INDUST	TRY	
Elamentary/Secondary (t	2-12)	College (1-4 or 5 +)	Postal	Clerk			U.S.	P.O.		
17. FATHER'S NAME (First, M	fiddle, Last)				18. MOTHER'S NA	AME (First, I	Middle, Melden S	lurname)		
Frederick 190. INFORMANT'S NAME (I market market and				Feile			
Joseph Baue					Road Hu				de)	
20e. METHOD OF DISPOSIT 1	on 3 🗆 Remove	al from State	other place) Ced		netery, crematory or Cemeter			ation — chy uitlar		
21. SIGNATURE OF FUNERA	AL SERVICE LICEN	ISEE	/		ND ADDRESS OF FA		800 Ne	w Hamp	.Av	e.S.S.Md.
shook, or h IMMEDIATE CAUSE (Fi disease or condition resulting in desth) Sequentielly liet condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inje	e	DUE TO (OR AS A	CONSEQUENCE OF):	2 ch 9	lal l	her	norr	has	ده	Interval Between Onset and Death
that initiated events resulting in death) LAS	d		out not resulting in	the underlyin	g cause given in	n Part I.	24a. WAS AN PERFORI	MED?	0	VERE AUTOPSY FINDINGS WALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TEXAMINER?	1	HOSPITAL:		THER:	LACE OF DEATH (C					
27. MANNER OF DEATH	Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. IN.	JURY AT DRK? YES 2 NO		SCRIBE HOW IN	JURY OCCUP	IED	
2 Accident 3 Suicide 8 4 Homicide	Investigation Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	/ — At home, ferm, stri				ATION (Street e or Town, State)	nd Number or	Rural Ro	ite Number,
one) —		AN: To the best of my know								and menner ee stated.
296. SIGNATURE AND TITLE		Lyn	da ·		29c. LICENSE NU			29d. DATE S	IGNED (Aonth, Day, Year)
30. NAME AND ADDRESS O		COMPLETED CAUSE OF DI	ATH (ITEM 27) (Type, P	rint)	WII	168		- , ,	~!	
Kioumar			.O.Box 7	0 H11	ntingto	own l	Marvla	and		
31. DATE FILED (Month, Day,	2 '90	32. REGISTRAN'S BIGI	Advan-Randa	02						

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1 - STATE REGISTRAR		STATE OF M	MARYLAND A	/ DEPAF ERTIF					MENTAI	REG. NO.			
1. DECEDENT'S NAME (Firs	t, Middle, Last)				IOAI	_ 0.	שבת		2. DATE	OF DEATH			3. TIME OF DEATH
HELEN MARI	E MILL	TCAN							MONTE			YEAR	6:35 AM M
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. ia	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.		OF BIRTH	90	8. BIRTH	PLACE (State or Foreign
287-28-489	7	1 🗆 M 2) 🗀 F	96	YRS.	MONTHS	DAYS	HOURS	MIN.		1, Day, Year)		Country	y)
9e. FACILITY NAME (If not in		treet and number)			9b. CIT	Y, TOWN C	R LOCATI	ON OF DE		-1893	ac COU	OHIC NTY OF DI	
FAIRFIELD								VILL					RUNDEL
RESIDENCE OF DE		O CHVILIN				CIN	CMINO	A T.T.T.	-		MINI	AL AL	COMPET
10e. STATE	10b. COUNTY	Y		10c. CI1	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
MARYLAND	ANN.	E ARUNDEI	_/		CR	OWNS	VILL	E					1 YES 2 SNO
10e. STREET AND NUMBER				•		101	ZIP COD	E			10g. CITI	ZEN OF W	HAT COUNTRY?
1454 FAIRF	IELD L	OOP ROAD					2110	08			IJ.	S.A.	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.					I? (Specify Yee			American Indien, , White, etc.
1 Never Merried 2		FORCES? 1	YES 2X	NO		If yes, epo				Ricen, etc.)		Specif	
3 Widowed 4 Div	orced				'		24						ASIAN
15. DEC	CEDENT'S EDU	CATION completed)		ECEDENT'S Give kind of				na	18b	. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (College (1-4 or 5	- Alde	e. Do NOT u	se retired.)								
12+				HOME	MAKE	R			\perp		HOME	<u> </u>	
17. FATHER'S NAME (First, A	Widdle, Lest)						18. MOT	HER'S NA	ME (First, I	Middle, Malden	Surname)		
HARRY WILL	IS						I	MARY	ELLI	EN			
190. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRES	S (Street a	nd Numbe	r or Rural I	Route Numi	ber, City or Town	, Stete, Zip	Code)	
MRS. MARTH	A M. M	URRAY		_ 1	31 G	LEN (OBAN	DRI	VE A	RONOLD	, MD	210)12
20e. METHOD OF DISPOSIT		avel trans State	20b. PLACE other p	OF DISPO	SITION (N	ame of cen	netery, crer	matory or		20c. LO	CATION —	City or To	wn, State
4 Donation 8 Othe		IOVAI TOTTI STATE	METE	RO CR	EMAT	ORY				CA	TONS	/ILLE	E, MD
21. SIGNATURE OF FUNER	AL SERVICE LI	DENSEE	7			NAME AN				TATE OF			VI NO 01146
4 Kamu	U E	2. 15	Won	20						WAY SEV FUNERAL			RK, MD 21146
23. PART I. Enter the c	disesses, or	complications the	t caused tha d	laath. Do	not anta	r tha mo	da of dy	ing, auc	h as card	diac or reapi	ratory an	reat,	Approximata interval Between
IMMEDIATE CAUSE (FI		A STATE OF THE PARTY OF THE PAR	200 OII OOCII IIII	T		1							Onset and Death
disease or condition	→	. /\	MAIN	TVV	H	MIN	N						1/4/(
(eghing in deann)	51	DOE TO	(OF) AS A CONSI	EOUENGE C	F):	-							2
		b.	MIM	M	OV	116	$\overline{}$	1					2W11)
Sequentially list condi if any, leading to imme		DUE TO	OF AS A CONSI	QUENCE C	F):	0 1	1		1				
ceuse. Enter UNDERLY CAUSE (Disease or Inj		c	My	M	NY	M	,)	di	M	21			
that initiated events		DUE TO	(OR AS A COMB	EOUENCE C	F):								
resulting in death) LAS	°' (d											
PART II. Othar eignific	ent condition	na contributing to	death but not	regulting	In the u	nderivin	n ceuse	given in	Part I	24s. WAS AN	ALITOPSY	245	WERE AUTOPSY FINDINGS
							9 00000	given in		PERFOR		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									- 1	1 TYES 2	PAO		OF DEATH?
									_				1 TES 2 NO
l													
25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕ		LACE OF E	DEATH (Ch	eck only or	ne)			
1 YES 2 410		1 Inpatient 2	ER/Outpatient	3 🗆 DOA			8 🗆 R	leeldence	8 🗆 Othe	er (Specify)			
27, MANNER OF DEATH		28a. DATE Of (Month, I		28b. TII	JURY	28c. INJ WC	URY AT		28d. DE	SCRIBE HOW II	NJURY OC	CURED	
1 Netural 5 2 Accident	Pending Investigation				M	10	YES 2	_ NO					
3 Suicide 8	Could not be	28e. PLACE (OF INJURY - At h	nome, ferm,	street, fa	ctory, offic			281. LOC	ATION (Street of Town, State)	nd Numbe	r or Rural I	Route Number,
4 Homicide	determined									,			
29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best o	f my knowledge, o	deeth occur	red at the	time, date	and place	e, end due	to the ce	use(e) end mar	mer ee sta	ted.	
and a													e) end manner ee stated.
29b. SIGNATURE AND TITL			11					ENSE NU					(Month, Day Year)
	11.1	MARA	1100				7)7	1)	XX		DA. DA	7	14/61
30. NAME AND ADDRESS	PERSON WIL	O COMPLETED CALL	SE OF DEATH AT	ZM 27) /5	€ Rrintl		- 7	1/	10	Δ.	1 -	4/	1//0
6 M)	7	Wills	DW		Sy	v	M	wh	h	17	17	14	UV
31. DATE FILED (Month, Dey		32. REGISTR	AR'S SIGNATURE	٤ '				V					

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 21 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	20	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

MAY I 6 1990 Julia Juridson Mingroom

1	FOR STATE REGISTRAR		STATE OF	MARYLAND /	DEPART					MEN.	TAL HYGIENI REG. NO.	Ē			
1	1. DECEDENT'S NAME (FIRST		Meise	r Sr.	28.6						ATE OF DEATH	30	YEAR	3. TIME OF DEATH	М
	4 SOCIAL SECURITY NUMBER 214-05-118		5. SEX 1 XM 2 F	6. AGE (In yrs. let 7 0		IF UNDER 1	YEAR DAYS	IF UNDE	24 HRS. MIN.	7. p. 0 9 -	TE OF BIRTH Ionth, Dey, Year) -14-19		Count	PLACE (State or Foreign) apolis,	
	Anne Aruno	del Me		Center	ļ	sь city, Ann		lis		EATH	44.1		e A	rundel	
	MD MD	Anne	Arund	el	Anna	town of		ION						10d. INSIDE CITY LIMITS? 12 YES 2 NO	0
	404 S. Che		Grove A	venue				2140					USA	WNAT COUNTRY?	
	11, MARITAL STATUS 1 Never Married 2% 3 Widowed 4 Dive		FORCES?	TEVER IN U.S. AF LATE 2 WAR OR DATES $4-46$	RMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee of If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES ②CONO Specify:					or No—	or No— 14. RACE — American Indian, Bleck, White, etc. Specify: White			
		CEDENT'S EDUC ly highest grade (9-12)		+)	ECEDENT'S to Sive kind of w ii. Do NOT use	ork done di			ing		B ride			harmaqu	
	17. FATHER'S NAME (FIRST, A Jacob Geo	orge H	lenry M	eiser				Ev	a M	ay	rst, Middle, Meiden Taylor	Surname)	1	warmae y	
>	Mildred S		Meiser								Avenue			polis,MI	D
and the	20e. METHOD OF DISPOSITION 1 Burial 2 Crematic 4 Donation 5 Other	ion 3 🗆 Remo	oval from State	other p	of dispositions of the second	st C	eme	ter	v		Anr	CATION —	lic	own, State	
	21. SIGNATURE OF PARTY	ak segince wo	and	Ih.							cal Home. Anna	ne P	. A .		01
	23. PART I. Enter the c shock, or i IMMEDIATE CAUSE (Fi disease or condition	heart fallure. I		at caused tha duse on each lin	a.						e low		reat,	Approximat Interval Bet Onset and	tween Death
	resulting in death)	→ ,	DUE TO	O (OR AS A CONSE			111	pie			6 (0 10)	-4		14700	(M)
NO INCIDENTIAL PROPERTY.	Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inj	ediate rING	DUE TO	O (OR AS A CONSE	EOUENCE OF):									
בוועס	that initiated events resulting in death) LAS		DUE TO	O (OR AS A CONSE	EQUENCE OF):									
MEDICAL	PART II. Other signific	ant condition	s contributing t	o death but not	resulting i	n the un	derlyln	g cause	given li	n Part	I. 24a. WAS AN PERFOR	RMED?	24	b. WERE AUTOPSY FIN AVAILABLE PRIOR TI COMPLETION OF CA OF DEATH?	O AUSE
	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		LACE OF	DEATH (C	Check or	nly one)				
T PHI SICIAN.	2	Pending Investigation	28a, DATE C	ER/Outpatient OF INJURY Day, Year)	28b. TIM		28c. IN.	JURY AT ORK? YES 2		_	Other (Specify) DESCRIBE HOW	NJURY OC	CURED		
בוכה פו	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE buildin	OF INJURY At h y, etc. (Specify)	nome, farm, s	treet, fact	ory, offic	00		2af.	LOCATION (Street City or Town, State)	end Numbe	er or Rural	Route Number,	
COMPLE	coret only			of my knowledge, o										(s) and manner as sta	nted.
0 00 0	296. SIGNATURE AND TITLE SHOWLD S	. Sel	ouille	uo				29c. LI	CENSE NI	UMBER		29d, DA	S I	D (Month, Day, Year)	
	30 NAME AND ADDRESS O	OF PERSON WH	/	USE OF DEATH (IT		Print)	F	aul	1Cin	(4	Aur	nooli	· 11	1d. 7170	

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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the course after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First,	, Middle, Last)	LOUISE					2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH
	MAI	RY	L,	moon	124			MAY	3, 1	790	0630 "
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. les	(In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HF						HPLACE (State or Foreign
	213-32-16	73	1 🗆 M 2 😿 F	53	YRS.	ONTHS DAYS	HOURS MIN.	MAY	30 1934		YLAND
	9e. FACILITY NAME (If not in		street and number)			b. CITY, TOWN	OR LOCATION OF DE	ATH		JNTY OF C	DEATH
DIRECTOR	eninsula Gen	neral	Hospital		5.	alisbu	ry, MD		Wic	omic	0
E	10s, STATE	10b. COUNTY	Υ		10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?
ā	MARYLAND	WI	COMICO		S	ALISBU	RY				1 YES 2 XNO
A	10e, STREET AND NUMBER					1	Of, ZIP CODE		10g. Cl	TIZEN OF	WHAT COUNTRY?
EB	1518 WOOD	LAND R	CAD				2 180 1			II	SA
FUNERAL	11. MARITAL STATUS	LITTIO A	12. WAS DECEDE	NT EVER IN U.S. AF	MED	13. WAS DE	CENDENT OF HISPAN	IC ORIGIN? (Spe	city Yee or No-	14. BAC	E — American Indian.
	1 Never Merried 2 🛚			1 YES 2 X	NO		S 2 NO Specify		etc.)	Spec	ck, White, etc.
ВУ	3 Widowed 4 Divo	proed					Tr.				WHITE
COMPLETED	15, DEC (Specify ont	EDENT'S EDU	CATION completed)	18e. DI	CEDENT'S US	SUAL OCCUPAT rk done during n retired.)	TION nost of working	16b. KIND	OF BUSINESS/IN	DUSTRY	
E	Elementery/Secondary (0	0-12)	College (1-4 or 5	+)	. Do NOT use .	retired.)					
MP	12 YEARS		6 YEAR	S	DIREC	TOR		AGE	D SERVI	CES	
8	17. FATHER'S NAME (First, M	fiddle, Last)					18. MOTHER'S NA		,		
BE	FERDINAND		F.	LEIMKU			LOUISE			MMEL	
0	19s. INFORMANT'S NAME (1	Type/Print)		19	b. MAILING A	DORESS (Street	and Number or Rural I	Poute Number, City	y or Town, State, 2	ip Code)	
	KEVIN X.						D RD, SAL			801	
	20a, METHOD OF DISPOSIT	ION 5/5	190 dwill from State	20b. PLACE	OF DISPOSIT	TON (Name of c	emetery, cremetory or L PARK		20c. LOCATION -		
1	4 Donetion 5 Other	The second second		MICON	IICO M				ALISBUR	Y, M	ID
	21. SIGNATURE OF FUNERA	C BONNECCO	CENSEE //	1			WAY FUNER		E PA		
	Clitic	for.	UFR	local	Rec		NOW HILL			MD	21801
	23. PART i. Enter the d	liaeaaes, or	complications th	et ceuaed the de	eath. Do lo	t enter the m	ode of dying, euc	se cerdiec o	r reapiratory a	rrest,	Approximate
	shock, or h IMMEDIATE CAUSE (Fit		Liet only one ca	use on each line				,			Onset and Death
	disease or condition rauting in death) a. Ocute Condeage Man										Down
	raduiting in death)	,	DUE TO	O (OR AS A CONSE	OUENCE OF):			-	-12		1000
z			. 0	ent.	my	read	deal e	Aprel	Some.		Day
	Sequentially liet condit if any, leading to imme		DUE TO	O (OR AS A CONSE	QUENCE OF):	0	1	17	1		-
CERTIFICATION	CAUSE (Disease or inju		a Cet	terns	Le	· La	aleou	od (Con		
H	that initiated events resulting in death) LAS		DUE TO	O (OR AS A CONSE	OUENCE OF):			*			
ER	resulting in destin) LAS		d								
	PART II. Other aignifica	ant condition	ns contributing to	o desth but not	reaulting in	the Underlyi	ng cause given in	Part I. 24e.	WAS AN AUTOPSY	24	b. WERE AUTOPSY FINDINGS
MEDICAL	92	-12	Cana	2 ,,	el	nac			PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Can	0-1	100	-0	10	0.1	1 17.00	111	YES 2 THO		OF DEATH?
_			(3-6)	1		race	1000	-			1 TYES 2 NO
AN	25. WAS CASE REFERRED T	TO MEDICAL				20	PLACE OF DEATH (Ch	ack anti-anal			
PHYSICIAN:	EXAMINER?		HOSPITAL:	☐ ER/Outpetient :		OTHER:					
¥	27. MANNER OF DEATH		26e. DATE O		26b. TIME		NJURY AT		HOW INJURY O	CCUBED	
	t Matural 5 🗆	Pending		Day, Year)	INJU	RY V	YORK?			OGOTILD	
B	2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJURY — At h	oma, farm, etr			28f. LOCATION	(Street end Numb	er or Rumi	Route Number
	4 Homicide	Could not be determined	building	, etc. (Specify)				City or Town			
COMPLETED	29e. CERTIFIER	TIEVING BUVE	ICIAN To the best					2.2			
MP	onel						te and place, and due				(e) end menner se stated.
8						army opinion.	-				
BE	29h. SIOMATURE AND TITLE	OF CERTIFIE	1	m	2		29c. LICENSE NUI				D (Month, Pey, Year)
2	20 100 400 4000000	S DEPOSIT OF	NO COMPLETE	100 00 000	14 or		D 02020)		5/	3/90
	30. MANE AND ADDRESS O	PERSON WI	HO COMPLETED CA	USE OF DEATH (ITE	:wi 27) (Type, F	(A)	SH.		aly,		0
1	31. DATE E/OrD (Month, Day,	Year)	32 REGISTE	AR'S SIGNATURE		V-, 6	-11	The state of	The same	all he	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be been within 72 hours after death with the State Deat of Health and Mental Hanlane prior to burial, committen, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
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TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zeroons after death. Page 6 may be retained by the hospital or attending physician.	AL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Present pours after death with the State Dest, of Health and Mental Hygiene prior to burial, cremation, or removal.	If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
The law	tate Dept	Item 23
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	90	1499	
First, Middle, Last)		2. DATE OF DEATH	1.55	3. TIME OF DEATH	Ī

	FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H		MENTAL HYGIEN	E	14334
i	1. DECEDENT'S NAME (First, Middle, Last)			11 .		2. DATE OF DEATH		3. TIME OF DEATH
1	Louis	E REDDEN		Hill		MONTH ON	1990	1639 M
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	Cour	HPLACE (State or Foreign
	212-03-5452	1 M 2 F 7	9 yrs.	IONTHS DAYS	HOURS MIN.	MAY 3, 19	911 MA	RYLAND
	9a. FACILITY NAME (If not institution, give		G	9b. CITY, TOWN O	R LOCATION OF DE	ATH	WEWSHIE	DEATH
OR	Peninsula General	Hospital		allout	,,			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
BI I	MARYLAND W	ICOMICO		SALISBUE	Υ			LIMITS?
7	10e. STREET AND NUMBER				ZIP CODE	 	10g. CITIZEN OF	WNAT CDUNTRY?
FUNERAL	333 N. PARK DRI	VE			2 180 1	1	USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U. FORCES? 1 YES			ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No- 14, RA	CE — American Indian, ck, White, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			2 NO Specify			ocify:
	15. DECEDENT'S EDI	ICATION I 10	a. DECEDENT'S U	SUAL OCCUPATIO	MAJ	165 KIND OF BUIL	SINESS/INDUSTRY	WHITE
I	(Specify only highest grad Elamentary/Secondary (0-12)	le completed) College (1-4 or 5+)	(Give kind of wo	rk done during mo	st of working	100. 1010 01 00.	5111E347111D347111	
7	12 YEARS	2 YEARS	TEACH	IER		PIIRI.	C SCHOO	I.S
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	7. II.AII.S			18. MOTHER'S NA	ME (First, Middle, Maiden		
BE C	MILTON	н.	REDI	DEN	ADELI	.A	PARA	DEE
10 B	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or Tow	n, State, Zip Code)	
F	ELDRED HILL - H	USBAND				BURY, MD 2		
	20a. METHOD OF DISPOSITION 5/11XXBurial 2 Cremetion 3 Ren	6/90 noval from State	ther ntenel		netery, crematory or		CATION — City or	
	4 II Donation 5 Other (Section 2)		ODWILL (OMOKE CI	IY, MD
	1/1/1/	0410				ERAL HOME,		
	W. Malla	ex I/allo	elle			LL RD, SALI		
	23. PART I. Enter the diseases, or shock, or heart failure	complications that caused the List only one cause on each		ot entar tha mo	da of dying, suc	h as cardiac or resp	Iratory arrest,	Approximata Interval Batween
	IMMEDIATE CAUSE (Final disease or condition	C	a					Onset and Death
	reaulting in death)	a. CANCUAL DUE TO (OR AS A CO	WWW.	_				MUNS
	163				Mart F	Callin		Mos.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. Rylattry DUE TO (OR AS A S	ONSEQUENCE	:	1, 1,000	" .		
CAT	cause. Enter UNDERLYING	· Arterisselei	rtii Co	relioca	sculm	Lucin		YRS
Ē	CAUSE (Disease or injury that initieted events	DUE TO (OR AS A CO	ONSEQUENCE OF	:				
ER	resulting in death) LAST	d						
AL C	PART II. Other significant condition	ons contributing to dasth but	not resulting in	tha underlyin	g cause given in			4b. WERE AUTOPSY FINDINGS
S						PERFO	115	AVAILABLE PRIOR TO COMPLETION OF CAUSE
Æ								OF DEATH?
ž.	- A							
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	ACE OF DEATH (C	neck only one)		
YSI	1 TES 2 NO	1 Inpetient 2 ER/Outpeti			o 5 Defisidence	6 Other (Specify)		
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME	JRY WO	TURY AT DRK?	28d. DESCRIBE HOW	INJURY OCCURED	
BY	2 Accident Investigation	28e. PLACE OF INJURY —	At borne form or		YES 2 NO	Dat I OCATION (Over-	and Market and Dark	10 A Market
ED	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Specify,)	reat, factory, offic	•	281. LOCATION (Street City or Town, State		er Pioure Number,
E	20a. CERTIFIER							
COMPLET	(Check only	SICIAN: To the best of my knowled NER: On the basis of examination a						e(s) and manner as stated
8	29b. SIGNATURE AND TITLE OF CERTIFI							
BE	Limali M.	line MA			29c. LICENSE NU		29d. DATE SIGN	ED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	VHO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type,	Print)	A433	/ /	1	1/70
1	Donald M.	WOOD MD	PGHI	MC.				
10	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT						
4	טפ עט זאויי	genia Devistan	Markett	0				

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TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mans after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAI	ID /	DEPARTMENT	0F	HEALTH AND	MENTAL	HYGI	ENI
	CI	ERTIFICATE	0	F DEATH		REG	NO

REGISTRAR		CERTIFIC	ATE OF D	EATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		. 31			2. DATE OF MONTH	DEATH	YEAR	3. TIME OF DEATH
ITENE L.	mit che	11			5	11	90	130 A m
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	F UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIRT	HPLACE (State or Foreign
218 22 0734		91 YRS.		OURS MIN.		3-1898	Coun	MD
	reet and number)	1	b. CITY, TOWN OR	e Grac		1	COUNTY OF	
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		10c CITY 7	TOWN OR LOCATION	м				10d. INSIDE CITY
	ford		Havre d					LIMITS?
10e. STREET AND NUMBER			10f. Z	P CODE		10	g. CITIZEN OF	WHAT COUNTRY?
704 Lafayette Str				21078			US	
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED		DENT OF HISPANI by Cuban, Mexican			io 14. RAC Ble	CE — American Indian, ck, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR			XNO Specify:			Spe	White
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S US	k done during most	of working	16b. K	IND OF BUSINES	SS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Pot) T		n	Ec	ederal (Cover	amont
17. FATHER'S NAME (First, Middle, Last)		(ver) i	echnicia	8. MOTHER'S NAM				ment
Charles W. Mitch	ell			Oleita				
19a. INFORMANT'S NAME (Type/Print)		196. MAILING AI	DDRESS (Street and				ate, Zip Code)	
Mr. James O. Mi	tchell	704	Lafayett	e St.,	Havre	e de G	race,	MD 21078
20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem		b. PLACE OF DISPOSIT other place)	ION (Name of came)	ery, cremetory or		20c. LOCATI	ON City or	Jown, State
4 Donation S D Other (Specify)			el Hill C			Havi	e de	Grace, MD
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			ADDRESS OF FAC		oral He	mo D	Δ
- William	8 8mms	-4	Havre	de Gra	ce,	MD 21	078-31	97
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	MUE TO TO AS	A CONSEQUENCE OF: A CONSEQUENCE OF:	Kea	nt fo	rel	no		Onset and Death
Damy II. Oak alan Marata aan Mala			the condend to a		Danie I.	24a. WAS AN AUT		4b. WERE AUTOPSY FINDINGS
PART II. Other significant condition	a contributing to deeth	but not resulting in	the underlying	cause given in		PERFORME 1 YES 2	07	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF DEATH (Chi	eck only one)			
EXAMINER? 1 YES 2 XNO	HOSPITAL:		OTHER:	5 Residence	6 Cother	(Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJUR (Month, Day, Year	28b. TIME	OF 28c, INJUI	RY AT		RIBE HOW INJU	RY OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJU- building, etc. (S)	RY Al home, farm, str secify)	reet, factory, office		261. LOCAT City or	TION (Street and Town, State)	Number or Rure	il Route Number,
(Check only	ICIAN: To the best of my known	en en en en en en en en en en en en en e		Agent Control		A LONG TO THE		e(e) and manner as stated.
29b. SIGNATURE AND TITLE OF CENTIFIE	A-0 []	111-		29c. LICENSE NUN	19 (21	d. DATE SIGN	96 (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, F	Print)	me	20	GA	a , D	MD
31. DATION "O"7" 1990	32. AUGUTHAR'S S	MATURE	10			-		,

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NION	: Aft	r dea	ST
TE	E	afte	28
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	DIRE	NOUR	tem
ITAL	RAL	72	1
4SP	UNE	vithin	ANT
문	3 34	y pai	DRI.
5	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

MAY 15 1990

32. REGISTRAR'S SIGNATURE
Suha Savidson-Rondoll

				CERTIF	ICATE	OF	DEAT	Н	MENTAL H	G. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)			- 1					2. DATE OF D	EATH DA	W.	YEAR	3. TIME OF DEATH
HELEN MYE	RS								MAY 13		990	· EAIT	4:30 P.
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yes	. last birthday)	IF UNDER 1	_	IF UNDER		7. DATE OF B (Month, Day			a. BIRTH	IPLACE (State or Foreign
206-26-6670		1 🗌 M 2 🔀 F		55 YRS.	MONTHS	DAYS	HOURS	MIN.	JUNE 1		1934		nnsylvania
90. FACILITY NAME (If not in	stitution, give str	eet and number)			9b. CITY, 1	TOWN O	LOCATIO	N OF DE				NTY OF C	
NIH, THE CL	INICAL	CENTER			BETI	HEST	A, M	ARYI	LAND		MON	ITGOI	MERY
RESIDENCE OF DEC	EDENT 10b. COUNTY			1	y, TOWN OR				21,12,12		11107		
10e. STATE		_			,								10d. INSIDE CITY LIMITS?
MARYLAND	Prin	ce Georg	ges	NEW	CARRO	-							1 YES 2 NO
10e. STREET AND NUMBER						10f.	ZIP CODE				10g. CIT	ZEN OF	WHAT COUNTRY?
8304 CATHED	RAL AV	ENUE					2078				IIS	A	
11. MARITAL STATUS	41	12. WAS DECEDEN							VIC ORIGIN? (Sp in, Puerto Rican		or No-	14. RAC Blac	E — Americen Indien, k, White, atc.
1 Never Merried 2 X 3 Widowed 4 Divo		IF YES, GIVE Y					2 X NO			,	1	Spec	WHITE
													MUTIE
	EDENT'S EDUC highest grade of		164	(Give kind of life, Do NOT u	work done du	uring mos	N t of working	7	16b. KIN	OF BU	SINESS/IND	USTRY	
Elementary/Secondery (0	-12)	College (1-4 or 5	+)		retary					Edi	ucati	0.17	
12				Sec	retar	y 						. 011	
17. FATHER'S NAME (First, M			Grede	oles.			18. MOTH		ME (First, Middle a.rv	, Maiden	Surname)	e.	utor
	George		Great										101
19e. INFORMANT'S NAME (7				19b. MAILING	ADDRESS	(Street ar	nd Number	or Rural I	Route Number, C	ity or Tow	n, State, Zip	Code)	
MR JIMMY C.									NEW C				
20a. METHOO OF DISPOSIT. 1 Burial 2 Crematic 4 Donetion 5 Other	n 3 🗆 Ramo	oval from State	oth	ace of bispo er place) ade Cer			etery, crem	atory or			cation — 1kers		le, Md.
21. SIGNATURE OF FUNERA	L SERVICE LICI	ENSEE					D ADDRES					1116	
► An	2	1-20		100703					ford P.				
MXa	n. 14	- Kury											. Md. 2170
23. PART 1. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure. L	list only one ca	use On each		not enter i	me mo	ae oi uyi	iig, suc	ii aa cerdiac	Or 169h	natory ar	reat,	Approximate Interval Betwe
				C [an	Co	ina	er.				
	lone b	DUE TO	OR AS A CO	NSEQUENCE C	PF):	an	. Co	ina	es/				200111000000000000000000000000000000000
Sequentially list condit	diete	DUE TO		NSEQUENCE C	PF):	an	Co	LNU	er	7			Onset and Dea
Sequentially list condit	diete ING	DUE TO	O (OR AS A CO	NSEQUENCE C	PF):	an	. Со	LNC					
Sequentially list condit if any, leeding to imme cause. Enter UNDERLY! CAUSE (Diseese or inju- that initieted events	diete iNG iry	DUE TO	OR AS A CO	NSEQUENCE C	PF):	an	. Co	ina	er/	4			200111000000000000000000000000000000000
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Sequentially list condit if any, leeding to imme ceuse. Enter UNDERLY CAUSE (Disess or inju- that initieted events resulting in deeth) LAS PART ii. Other significa	diete ING ary	DUE TO DUE TO DUE TO	O (OR AS A CO O (OR AS A CO O (OR AS A CO	NSEQUENCE C	PF): In the unc	derlyinç			Part I. 244	PERFO	RMED?	24	b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentially list condit if any, leeding to imme couse. Enter UNDERLY: CAUSE (Disease or injuthat initieted events resulting in deeth) LAS	ent conditions	DUE TO DUE TO DUE TO A e contributing to	O (OR AS A CO O (OR AS A CO O (OR AS A CO	NSEQUENCE C	in the unc	derlyinç 26. PL	g cause g	jiven in	Part I. 244	PERFO	RMED?	24	b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list condit if any, leeding to imme couse. Enter UNDERLY, CAUSE (Disease or injuthat initieted events resulting in deeth) LAS	ent conditions	DUE TO DUE TO DUE TO	O (OR AS A CO O (OR AS A CO O (OR AS A CO	NSEQUENCE C	PF: In the unc	26. PL) cause g)iven in	Part I. 24	YES	RMED?	24	b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list condit if any, leeding to imme couse. Enter UNDERLY CAUSE (Disease or injuthat initieted events resulting in deeth) LAS PART II. Other signification of the country of	ent conditions	DUE TO DUE TO DUE TO Contributing to DUE TO	O (OR AS A CO O (OR AS A CO O (OR AS A CO O desth but r	NSEQUENCE C	OTHER	26. PL	Cause Q)iven in	Part I. 244	YES :	RMED? 2 NO		b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list condit if any, leeding to imme couse. Enter UNDERLY CAUSE (Disease or injuthat initieted events resulting in deeth) LAS PART II. Other signification of the country of	ent conditions TO MEDICAL Pending	DUE TO DUE TO DUE TO Contributing to DUE TO	O (OR AS A CO O (OR AS A CO O (OR AS A CO O desth but r	NSEQUENCE C	PF): In the unc SSCS OTHER 4 □ Nurs	26. PL 1: ling Hom 28c. INJ WO	J cause g ACE OF D	EATH (C)	Part I. 24s	YES :	RMED? 2 NO		b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI
Sequentially list condit if any, leeding to imme couse. Enter UNDERLY CAUSE (Disease or injuthat initieted events resulting in deeth) LAS PART II. Other signification of the country of	ent condition	DUE TO DU	O (OR AS A CO O (OR AS A CO O (OR AS A CO O desth but r	NSEQUENCE C	OTHER 4 Williams	26. PL	ACE OF DO	EATH (C)	heck only one) 8 Other (Sc 28d, DESCRI	YES :	RMED? 2 NO INJURY OC	CURED	b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS: OF DEATH?
Sequentially list condit if any, leeding to imme couse. Enter UNDERLY: CAUSE (Disease or injuthat initiated events resulting in deeth) LAS PART II. Other significates 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER Check only	ent conditions O MEDICAL Pending Investigation Could not be determined Physics TIFYING PHYSIC	DUE TO DUE TO DUE TO DUE TO B. DUE TO DUE T	O (OR AS A CO O	NSEQUENCE CONSEQUE	OTHER 4 Nurs ME OF SURY M street, fector	26. PL 26. PL 10: Arg Horm	ACE OF D	EATH (Cr. sidence	Part I. 244 1) 1 Deck only one) 8 Other (Sc 28d. DESCRI	PERFO YES : ecily) BE HOW N (Street wn, State	RMED? 2 NO INJURY OC and Number	ccured or Rural	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
Sequentially list condit if any, leeding to imme ceuse. Enter UNDERLY. CAUSE (Disease or injuthat initiated events resulting in deeth) LAS PART II. Other signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the signification of the significant of the signifi	ent conditions TO MEDICAL Pending Investigation Could not be determined TIFYING PHYSIC DICAL EXAMINE	DUE TO DU	O (OR AS A CO O	NSEQUENCE CONSEQUE	OTHER 4 Nurs ME OF SURY M street, fector	26. PL 26. PL 10: Arg Horm	ACE OF DI ACE OF DI S S Re URY AT VES 2 and place, eath occur	EATH (C/	Part I. 24s heck only one) 8 Other (Sc 2ad. DESCRI 28f. LOCATIC City or R	PERFO YES : ecily) BE HOW N (Street wn, State	INJURY OC and Numbe inner as attend due to to	or or Rural	Do. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,
Sequentially list condit if any, leeding to imme couse. Enter UNDERLY: CAUSE (Disease or injuthat initiated events resulting in deeth) LAS PART II. Other significates 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER Check only	ent conditions TO MEDICAL Pending Investigation Could not be determined TIFYING PHYSIC DICAL EXAMINE	DUE TO DU	O (OR AS A CO O	NSEQUENCE CONSEQUE	OTHER 4 Nurs ME OF SURY M street, fector	26. PL 26. PL 10: Arg Horm	ACE OF DO STORY AT RK7 SES 2 and place, eath occur 29c. LICI	EATH (C/ eldence	Part I. 24s heck only one) 8 Other (Sc 2ad. DESCRI 28f. LOCATIC City or R	PERFO YES : ecily) BE HOW N (Street wn, State	INJURY OC and Numbe inner as attend due to to	or or Rural	b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO

 TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR
1	STATE
•	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

. STATE REGISTRAR		CE	RTIF	ICATE	OF	DEATH	1	REG. NO).		
1. DECEDENT'S NAME (First, Middle, Last)					-			DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
Eithe	l. Lucill	e Martin	1.					lay 10,	1990	TEAR	2:00 P MM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi	t birthday)	IF UNDER	1 YEAR	IF UNDER 24		DATE OF BIRTH (Month, Day, Year)		8. BIRTI Count	HPLACE (State or Foreign
215-26-1135	1 M 2 F	81	YRS.	MONTHS	DAYS	HOURS	No.	v. 9. 1	908		iland
9a. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY	TOWN C	R LOCATION	OF DEATH		9c. CO	UNTY OF E	DEATH
20 E. Moser Road				T	hwin	iont			1	Frede	erick
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		100 CIT	Y, TOWN (I LOCAT	ION			-		10d. INSIDE CITY
		. 1.									LIMITS?
Maryland 100. STREET AND NUMBER	Frederi	.cr	1	Thwi		ZIP CODE		.	T 40= 01	TIZEN OF	1 YES 2 NO WHAT COUNTRY?
	2 /								log. Ci	11ZEN OF	0 1
20 E. Moseiz		NT EVER IN U.S. AR	MED	10		1788	UIEBANIC C	PRIGIN? (Specify Yo	o or No	U.	S. A.
1 Never Merried 2 Married	FORCES?	YES 2			If yes, sp	ecify Cuben, I	Mexican, Pu	uerto Rican, etc.)	NO OT NO	Blec	ck, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			1 YES	2 NO	Specify:			(U)	
15. DECEDENT'S EDUC	CATION	18a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF B	USINESS/IN		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 6	+) (Gi	Do NOT u	work done se retired.)	during mo	et of working					
11 years			of R	eade	ÎI.			Moore	BUS	inosi	Forms
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER	R'S NAME (First, Middle, Maide			
Earl Eby						Mab	el V.	Manaha	n.		
19e. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRES	S (Street a			Number, City or To		Zip Code)	
Frank Martin			0 W.	Mos	er h	load.	Thwin	mont, Ma	ryla	nd 2	21788
20a. METHOD OF DISPOSITION PM Burial 2 Gremation 3 Rem	auni Aram Chata	other ni	OF DISPO	SITION (N	me of cer	netery, cremate	ory or	20c. L	OCATION -	- City or T	own, State
4 Donation 5 Other (Specify)	OVER HORE STEELS	Bli	ie Ri	dge	Ceme	eteru		Thu Stauff	rmon	t. Mo	vruland
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Ma	Burn	22.	NAME A	ND ADDRESS	OF FACILITY	Stauff	er Fi	unera	rl Home
> Maray) (1	Bar 16	2/1//	1 1	1	04 E	ast M	ain s	Si. Thu	rmon	t. Mo	1. 21788
23. PART I. Enter the diseases, or o	complications th	et coused the de	eth. Do	not enter	the mo	de of dvino	a, such se	cardiac Dr rea	piratory a	rrest.	Approximata
shock, Dr heart fellure.		use on each line	,	Λ			333				Interval Between Onset and Death
IMMEDIATE CAUSE (Finel disease or condition	(1	na als	4.5	Alk	IRD	21					Ollock and Death
resulting in death)	e. DUE TO	O (OR AS A CONSE	DUENCE C	P:							
		Ard	11								
Sequentielly list conditions,	bDUE TO	O (OR AS A CONSE	OUENCE C	F):							
if any, laeding to immediate cause. Entar UNDERLYING											
CAUSE (Disesse or injury that initiated events	DUE TO	O (OR AS A CONSE	OUENCE C	P):							
reaulting in desth) LAST	d.										
DARWELL Colors also Masses as addition				t- at	- 4 - 1.4-		- t- D-				
PART II. Other eignificent condition	e contributing t	o death but not i	reauiting	in the u	nderiyin	g cause giv	/en in Pai		N AUTOPS	24	b. WERE AUTOPSY FINOINGS AVAILABLE PRIDE TO COMPLETION DF CAUSE
								_ 1 _ YES	2 NO		OF DEATH?
								-			1. VES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Townson or		OTHE		LACE OF OEA	ATH (Check	only one)			
1 YES 2 NO		☐ ER/Outpatient 3						Other (Specify)			
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE C (Month,	Day, Year)	28b. Til	ME OF JURY	W	JURY AT		d. DESCRIBE HOY	V INJURY C	CCURED	
2 Accident Investigation				М		YES 2	_				
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At he g, etc. (Specify)	ome, farm,	street, fac	tory, offic	ce .	28	of, LOCATION (Street City or Town, Sta	st and Numi le)	ber or Rura	I Route Number,
TOTAL OTHY	ICIAN: To the best	of my knowledge, d	eath occur	red at the	time, date	e end place, e	end due to	the cause(e) end m	nenner ss s	stated.	
one) 2 MEDICAL EXAMINI	R: On the beele of	examination end/or	Investigat	ion, in my	opinion,	death occured	d at the tim	e, date and place,	and due to	the cause	(a) and manner as stated.
296. SIGNATURE AND TITLE OF PERTIFIE	H / / W					29c. LICEN	ISE NUMBE	R / -	29d. D	ATE SIGNE	ED (Month, Day, Year)
	1/1/	W				D	175	549	•	5	-11-90
30. NAME AND ADDRESS OF PERSON WI			M 27) (Typ	e, Print)	1		11		, (1
	PP 11	1	1 V	Acres 1	// //		1/		/	//	11 7 1711

32 AEGISTRAP'S SIGNATURE PANDARE



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) MAY 14

BALTIMORE, MARYLAND 1203-3146	s wers after death. Page 6 may be retained in the control and ing physician,	illed in by the funeral director, page 5 should in processing the burial-transit in, or removal.	e medical examiner must be notified at percent
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 are after death. Page 6 may be retained it are a minding physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should in differences as the burial-transit pern be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified in personal

6

STATE OF MARYLAND /	DEPARTMENT 0	F HEALTH AND	MENTAL HYGIENE
CI	ERTIFICATE (OF DEATH	REG. NO.

	1 - STATE OF MA		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
	ANNIE F. N	MORRIS		May 15,	1990	2:00 A M
	And the second s		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
	215-16-3842 1□M2⊠F	93 YRS.	MINS DATS HOUNS MIN.	12 09 90	6 Mar	vland
_	9a. FACILITY NAME (if not institution, give street and number)	9b	. CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY OF	HTĀ
DIRECTOR	Meridian Nursing Ctr-T	he Pines	Easton		Talbo	ot
1 2 1	10e. STATE 10b. COUNTY		OWN OR LOCATION			10d, INSIDE CITY
盲	Maryland Caroline	Fed	deralsburg			1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
1 1 1	314 North Main Street		21632		U.S.	
급		YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic	an, Puerto Ricen, etc.)	or No — 14. RAC Blac	E — American Indien, ik, White, etc.
B	3 ☑ Widowed 4 ☐ Divorced	R OR DATES	1 TYES 2 X NO Speci	fy:	Spec	ite
	15. DECEOENT'S EOUCATION	160. OECEDENT'S USU	UAL OCCUPATION	16b. KIND OF BUSI		irce
	(Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use re	done during most of working tired.)			
\ <u>ĕ</u>	9	houseke	eper			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Melden S		
B	William H. Swartz	The state of the s		h E. Zink		
2	19a. INFORMANT'S NAME (Type/Print)		DRESS (Street end Number or Rural			WD 03630
	Elsie R. Sheets		N. Main St. ON (Name of cemetery, crematory or		SDUTG,	
	20e. METHOD OF DISPOSITION 5 / 1 8 / 9 0 1 Strict Burlet 2 Cremetion 3 Hemoval from State 4 Donation 5 Other (Specify)	other place)	nt Cemetery		lsboro	MONTH 1 1 1 1 1 1 1 1 1
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1 Greenmour	22. NAME AND ADDRESS OF F	ACILITY	ISDUIU	PID
	-)	Newnam Fun			
\vdash	23. PART I. Enter the diseases, or complications that	CERON Do not	Easton, Ma		aton, arrest	Approximate
	shock, or heert fellure. List only one cause		anter the mode of dying, ad	on an cardiac or respir	atory arreat,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	onic ren	0: 00			Onset and Death
	reaulting in death) a. OUE TO (C	OR AS A CONSEQUENCE OF):	as insuff	genene	8	Uncertain
z	and and	terioneul	Prosele	white		- Juan
CERTIFICATION	Sequentielly list conditions, DUE TO (C)	PR AS A CONSEQUENCE				
₹	CAUSE (Disease or Injury	OR AS A CONSEQUENCE OF):				
E	that initiated events resulting in deeth) LAST	H AS A CONSEQUENCE OF):				i l
Ü	d					
AL	PART II. Other algorificent conditions contributing to d			Part I. 24s. WAS AN /		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	actificines	us hiso	160,	1 _ YES 2	NO	COMPLETION OF CAUSE OF DEATH?
				1		
	•					1 _ YES 2 _ NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	10	28. PLACE OF OEATH (C	theck only one)		
	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 VES 2 NO HOSPITAL: 1 Inpetient 2	ER/Outpetient 3 DOA 4	28. PLACE OF OEATH (C	heck only one)	I HIPV OCCUPEO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpetient 2 1 27. MANNER OF DEATH 1 Netural 5 Pending	ER/Outpetient 3 DOA 4	28. PLACE OF OEATH (C	theck only one)	JURY OCCUREO	
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpetient 2 Inpetie	ER/Outpatient 3 DOA 4 JURY 26b. TIME 0 INJURY At home, ferm, stre	28. PLACE OF OEATH (CONTHER: THER: Value of the content of the c	heck only one) 6 Other (Specify) 28d. OESCRIBE HOW IN		1 UES 2 NO
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpetient 2 Inpetie	ER/Outpetient 3 DOA 4 NJURY 26b. TIME 0 NJURY	28. PLACE OF OEATH (CONTHER: THER: Value of the content of the c	theck only one) 6 Other (Specify) 28d. OESCRIBE HOW IN		1 UES 2 NO
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	PR/Outpatient 3 DOA 4 NJURY 26b. TIME 0 NJURY 1 NJURY — At home, lerm, stre.c. (Specify)	28. PLACE OF OEATH (C THER: Nursing Home 5 Residence Residence 26c. INJURY AT WORK? M YES 2 NO Notes, fectory, office	heck only one) 6 Other (Specify) 28d. OESCRIBE HOW IN 26l. LOCATION (Street e. City or Town, State)	nd Number or Rura	1 UES 2 NO
BY PHYSICIAN: MEDIC	25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Inpetient 2 Investigation 2 Investig	PER/Outpatient 3 DOA 4 NJURY 26b. TIME 0 INJURY — At home, lerm, stre (Specify) Ty knowledge, death occurred a	28. PLACE OF OEATH (C THER: Nursing Home 5 Residence FY WORK? M 1 YES 2 NO et, factory, office at the time, date end place, end du	Abeck only one) 6 Other (Specify) 28d. OESCRIBE HOW IN 26l. LOCATION (Street e City or Town, State)	nd Number or Flura	1 VES 2 NO
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within amount after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for standard author 20 hours after death with the Chair David of Health and Montal Hamilton principles or permanal	IMPORTANT: If Iem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Pol. Year)

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32. REGISTRAR'S SIGNATURE

	FOR	CTATE OF MADVEAND	/ DEDARTMEN	T OF HEALTH AND	MENTAL LIVOIEN		90 14999	
	1 - STATE REGISTRAR	STATE OF MARYLAND		E OF DEATH	MENIAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	R. Mc	PAFFER	TY	2. DATE OF DEATH MONTH 8	1990	YEAR 3. TIME OF DEATH M	
	4. SOCIAL SECURITY NUMBER 179-20-7742	5. SEX 6. AGE (In yrs. Is	YRS. MONTHS	R 1 YEAR # UNDER 24 HRS. DAYS HOURS MIN.		1909 1	BIRTHPLACE (State or Foreign Country) PENNSYLVANIA	
TOR	8a. FACILITY NAME (If not institution, give a Peninsula General RESIDENCE OF DECEDENT			sbury, MD	EATH	9c. COUNT	Y OF DEATH	
DIRECTOR	10e. STATE 10b. COUNTY MARYLAND WICOM		10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	100. STREET AND NUMBER	100	JOAL	101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?	
FUNERAL	10 19 PHILLIPS AV 11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYPES 2 IF YES, GIVE WAR OR DATES	RMED 13.	2 180 1 WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic	an, Puarto Rican, atc.)	8 or No 14	USA 4. RACE — American Indian, Black, White, etc.	
) BY	3 🗌 Widowed 4 🗌 Divorced	ARMY WWII		1 TYES 2 X NO Speci			Specify: WHITE	
COMPLETED	15. DECEDENT'S EQU- (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	ECEDENT'S USUAL (Give kind of work done b. Do NOT use retired.) EMPLOYEE	during most of working	DDODA	SINESS/INDUS		
COM	17. FATNER'S NAME (First, Middle, Last)	NO	EHI LOILE	16. MOTHER'S N	AME (First, Middle, Malder		TANI	
BE	FREDERICK 19a, INFORMANT'S NAME (Type/Print)		AFFERTY	MARY S (Street and Number or Rural	BELLE		COLLINS	
10	ELNORA HILL McCA			LLIPS AVE, S			1801	
	20e METNOD OF DISPOSITION 5 / 1 1	2/90 ovat/from that United States WICO	place)	RIAL PARK		ISBURY	ly or Town, State Y , MD	
	21. SIGNATURE OF FUNERAL MEDIVICE LIE	ally/	/	OLLOWAY FUNE			MD 21801	
	23. PART I. Enter the diseases, or cannot shock, or heart fellure.	complications that caused the d	leath. Do not ente	r the mode of dying, su	ch as cardiac or reap	iratory arres	Approximate	
	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	. Septic	emic	^			Onset and Deeth	
7	_	DUE TO ION AS A CONSI	EOUENCE OF):					
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSI	EOUENCE OF):					
CERTIFICATION	CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A CONSE	EQUENCE OF):					
MEDICAL CI	PART II. Other algnificant condition	a contributing to deeth but not	resulting in the u	nderlying cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?	
N. W		· · · · · · · · · · · · · · · · · · ·			-		1 TYES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ	26. PLACE OF DEATH (C	heck only one)			
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 28s. DATE OF INJURY		rsing Home 5 - Residence	8 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCU	RED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M					
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	iome, ferm, street, fe	ctory, office	281. LOCATION (Street City or Town, State		r Rural Route Number,	
COMPLETED		CIAN: To the best of my knowledge, on the bests of exemination and/or						
ш	296. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NU		29d, DATE	SIGNED (Month, Day, Year)	
0 8	COPUL (VI	Jemil	17510	D21953 \ 5,8.90				

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TO BE COMB	TO BE COMBIETED BY BUYERIAM: MEDICAL CESTIFICATION
I examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
val.	10 THE FUNEXALUTIONS MILE THIS COUNTAINE THIS OPEN SQUIPED by the autohomy projected and compressly most in by the formation, or removal. be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.
el ueaut, rage o may be retained by the hospi	TO THE MOSPIAL OF ALLENDING PHYSICIAN: THE IAW REQUIRES THAT THE OPERIT CENTIFICATION EXCUSTED WHITE A HOURS ARE DESCRIPTION OF TRAINED BY THE HOSPIAL
BALLIMORE, MARTLAND	DIVISION OF VITAL RECORDS, P.O. BOA 13148,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last)		7		<u></u>	2. DATE OF MONTH		Y	EAR 3.	TIME OF DEATH
ĺ	Margaret C.	McKnight					14, 1	-		4:45 A M
	4. SOCIAL SECURITY NUMBER 217 70 3649	5. SEX 6. AGE	, , , , , , , , , , , , , , , , , , , ,	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D May 2	lay, Year)		Country)	Sylvania
	9a. FACILITY NAME (If not institution, give s	treet and number)	9b	CITY, TOWN C	R LOCATION OF DE			9c. COUNTY		
E CE	Manor Care Poton	lac		Potomac				Mont	gome	ry
#	10a. STATE 10b. COUNTY			OWN OR LOCAT	ION					d. INSIDE CITY LIMITS?
- 1	10e. STREET AND NUMBER	tgomery	Beti	nesda	ZIP CODE			10a CITIZEI		YES 2 X NO
HA	4977 Battery Lane				20814					tates
BY FUNEHAL	11. MARITAL STATUS 1 Never Married 2 Married 3 M Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 🔀 NO	If yes, spi	ENDENT OF HISPAN icity Cuban, Mexica 2 X NO Specify	n, Puarto Rici		or No — 14	RACE — Black, W Specify: Whi	American Indian, fhita, etc.
EIED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo		16b. Ki	ND OF BUS	NESS/INDUS		ce
COMPL	-	2	Homemal	cer		Ow	n Hom	е		
5	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Mid	dle, Maiden S	iumame)		
n n	Thomas Lee	Clark			Della	Crot	hers			
5	19a. INFORMANT'S NAME (Type/Print)		300111		nd Number or Rural F					
-	Margaret M. Tiek				Road Ch	nevy C	_			
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	other place) Union Dale	Cemet	ery		Pitt	sburg	h, P	ennsylvani
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE M00689 M00689 M00689 M00689 22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Fund Home/Bethesda-Chevy Chase, Inc. 7557 Wisconsin Avenue, Bethesda, Maryland 208								557	
2	23. PAFT the middleases, or complications that coused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, interval Between Onset and Death Onset and Death Arteriosclerotic Cardiovascular Disease Due TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.									
MEDICAL	PART II. Other significant condition	PE					4a. WAS AN / PERFORI	MED?	AN CX	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
Ä	25. WAS CASE REFERRED TO MEDICAL	<u> </u>		26 86	ACE OF DEATH (C)	ant anti-ani				
PHYSICIAN:	EXAMINER? 1 YES 2 A NO	HOSPITAL:		THER:	ACE OF DEATH (Ch		0			
=	27. MANNER OF DEATH	1 Inpatient 2 ER/Out 28a. DATE OF INJURY	28b, TIME O	F 28c, INJ	URY AT			JURY OCCU	RED	
	1 🖾 Natural 5 🗌 Pending	(Month, Day, Year)	INJUR		YES 2 NO					
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stree	et, factory, offic	•		ION (Street a Town, State)	nd Number or	Rural Rou	te Number,
COMPLETED	CONTROL ONLY	ICIAN: To the best of my know								
5	2 MEDICAL EXAMINE	ER: On the basis of exemination	on and/or investigation, i	n my opinion, o	eath occured at the	time, date ar	ng place, and	due to the	e (a)ecue:	nd manner as stated.
BE	29b. SIGNATURE AND TITLE OF CENTIFIE	3 milse			29c. LICENSE NUMBER D20297 D20297 D20297 D20297 D20297 D20297 D20297 D20297 D20297 D20297 D20297 D20297					
2	30. NAME AND ADDRESS OF PERSON WE James H. Brodsky				hour Ch-	50 14	2 2011 2	nd 200	015	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE		nevy Cna	se, M	aryıa.	na 208	272	
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